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A CLINICAL LECTURE.

MUSCULAR PAINS THROUGHOUT THE BODY DUE TO ANÆMIA,—LUMBAGO.

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[Reported for THE BULLETIN, by WM. H. MORRISON, M.D.]

GENTLEMEN, this lady comes to us complaining of pain in the head, neck, back, arms, and limbs, first on the one side and then on the other. The pains are not confined to the same locations, but reappear indifferently in any part of the body. They are present every day and are not especially worse at night. Exposure to wet and cold increases their severity. The joints are not swollen, but the limbs swell about the ankles. We observe that the patient is quite pale.

I have shown you typical cases of neuralgia, where the pain comes in paroxysms, attacking one nerve and remaining there, not changing from one part to another, although the pains may gradually extend so that other nerves are brought under the neuralgic influence. The disease simply spreads to wider fields without leaving the nerves first affected. This is not this history of the case.

I have spoken to you of myalgia, the pain which appears in muscles as a result of overwork. I have also told you that these muscles undergo degeneration, as a result of long-continued overwork. Such pains are observed in gymnasts, in shoemakers, in operators, and in tailors. They frequently occur as a result of sudden and violent muscular exertion, particularly in those who have not been accustomed to exert their strength regularly and systematically. Such individuals are apt to suffer from the pains of myalgia as a result of this undue strain upon the muscles not prepared for it by previous training. This case is entirely different. Men who have for a long period laid aside the active habits of youth, but who still retain a pride in their strength, frequently suffer severely from attempts to "show off" their prowess by lifting heavy weights.

Nor are these rheumatic pains. Rheumatism is a disease of the joints, attended with fever, pain, and swelling, with sweating and acid urine. We have no such history here. Then this is not neuralgia, it is not myalgia, it is not rheumatism. The pains are no worse at one period of the day than at another, and are unlike the nocturnal pains of syphilitis. They are not the pains of locomotor ataxia, for there they are sudden, darting and stabbing, flashing through the limbs, and lasting but a short time. Nor are these the pains of spinal irritation.

The pains of the hypochondriac occur in any part of the body to which his attention is directed; besides, hypochondria is not a disease of women, but occurs almost always in men. In hypochondria, if you assume a mysterious countenance and ask the patient if he has ever noticed a pain in the outer left aspect of the small toe, he will tell you that he has not; but probably the next morning he will awaken you out of your sleep, by coming to tell you that he has since had that identical pain. In the same way, if you suggest other symptoms

to him, he will soon complain of them. He will often deceive himself, even if he does not deceive you. It will be a genuine pain so far as he is concerned. The pain in this case is not of this kind at all.

In this case the pains are due to anæmia. They are due to the fact that the muscles and nerves throughout the body are not furnished with sufficient nutriment. They are not well nourished, and they complain just as the stomach complains when it remains empty after the usual time for meals. Just such wandering pains as those of which this patient complains, are found in all cases of chronic chlorosis and anæmia.

The books will tell that there is one remedy for anæmia, and that is iron. This patient has taken large quantities of iron during the past year without much benefit. For years she has been anæmic, and all the stimulation of the blood-making organs has failed to relieve her. The hematogenic apparatus seems unable to furnish a sufficiently large number of red corpuscles. The formative power is wanting, and we do not appear to be able to bring it up to the normal standard. A mistake that is generally made is giving the iron in too small doses. In chlorosis it is well to give large doses of the mildest preparations. The Germans give the sulphate of iron in doses of from seven to ten grains, three times a day. The metal is then liable to collect in the intestines in the form of the insoluble sulphide, which gives rise to irritation of the bowels, and the patient will be seized with colicky pains and a little dysentery or diarrhœa. If a cathartic be given under such circumstances, a large quantity of black, sandy substance will be passed, which is found to be this sulphide of iron. The irritation is at once relieved, and after a few days rest the patient can resume the use of the iron. Where large doses of chalybeates are given to young persons, unpleasant nervous symptoms are sometimes produced. We have ordered for the patient thirty grains of the subcarbonate of iron, in powder, three times a day, after each meal.

This is an old-fashioned chalybeate, which has fallen into undeserved neglect. Yet it is readily tolerated by even a delicate stomach, and is often singularly efficient.

Never give morphine or the bromides to relieve these pains.

The latter is useless, while the former is *too* efficient to be safe, though the relief it gives is but fleeting. Some benefit will be derived from the use of belladonna. This drug causes dilatation of the blood-vessels, and thus probably gives a little more blood to the tissues. We direct this patient to take ten drops of tincture of belladonna, once or twice a day. If this does not relieve the pain, the dose may be increased to twenty or thirty drops. It should be taken in hot water. There are two advantages attending this method of administration. In the first place, you get the most marked effect in the shortest time from the smallest dose; and in the second place you prevent the remedy accumulating in the system and producing unpleasant effects. In many cases the cumulative action attributed to certain drugs is due to the accumulation of the dose. The medicine remains in the stomach until several doses have been taken, and then the whole quantity is absorbed at once. This is prevented by taking hot water with the medicine. The belladonna is to be taken only as needed for the pain. I shall also prescribe an emulsion of cod-liver oil, in tablespoonful doses, half an hour after each meal. Hot salt baths are also of service, by directing the blood to the surface of the body and encouraging more thorough oxygenation. When taken at bedtime they also conduce to sleep.

Lumbago the Result of Myalgia.—This lady complains of a pain in the small of her back, across the lumbar region. The question usually put by the patient is, "Can this pain be from the kidneys?" "Is pain in the back a symptom of Bright's disease?" "No." There are, however, conditions of the kidneys in which you have pain in the back. It is present in calculus, and in pyelonephritis. In acute desquamative nephritis which follows scarlet fever, there may be pain. In calculus the pain is apt to be of a dull, aching character, confined to the side on which the calculus is situated. In ordinary Bright's disease, however, pain in the back is not a symptom.

Another cause of pain in the back is neuralgia extending along the branches of the lumbar nerves. Here, the pain is intermittent in character and limited to one side. There may also be pain in the back as a result of disease of the uterus or of the rectum. Physical examination has shown that disease of the uterus does not exist in this case. Pain in the dorsal region is often due to disease of

the liver, but pain over the sacrum may usually be attributed to disease of the lower part of the rectum; generally to rectal ulcer or fissure, but sometimes to hemorrhoids. In one case of persistent pain in the back, I found an ulcer just inside of the internal sphincter ani. The muscle was stretched and nitrate of silver applied to the ulcer. It was quickly healed, and the sacral pain disappeared, but the aching still continued about the fourth lumbar vertebra, and on examination another ulcer was found in the upper part of the rectum. Thus you can frequently diagnose the situation of the lesion in the rectum by the location of the rachialgic pain. In all cases of persistent backache, it is well to make a rectal examination. Six months ago a patient came to me with a pain in the back, which was most severe about noon of each day. This suggested the possibility of a malarial element. I never heard of a case of pain in the back due to malaria, although pain in the supra-orbital nerve is not uncommon in that cachexia. I made an examination, however, and found cancer of the rectum in the stage of ulceration.

There is no rectal disease in this case. The pain is undoubtedly due to lumbago. What is lumbago? Lumbago means simply pain in the lumbar region. It may be neuralgic or rheumatic in character. It is here a variety of myalgia. Pain in the lumbar muscles is quite common in women who use a sewing-machine with a treadle. English machines are made with a crank to be turned by hand, and this is a very good addition to the ordinary sewing-machine, if one has a child who can turn it occasionally to rest the operator's foot, keeping them still and rigid, and the woman moves her body, not with the natural undulating movement, but as a whole. Women who lace tight are also very liable to this affection. The corsets hold the muscles in a firm grasp. The result of keeping any muscle perfectly at rest is degeneration of that muscle. The tissues gradually become atrophied. When the corsets are then removed, and the muscles called upon to exert themselves, they are incapable of performing even the most ordinary tasks. Every time they are used, pain will be produced, and the woman being compelled by it to return to her corsets, she will become more and more helpless as the muscular degeneration increases.

The proper thing to be done in such a case is to institute passive motion. Do not tell the patient to lay aside her corsets at first. She must use massage, if possible. If she be unable to employ a masseuse, some member of the family can do this for her. The muscles must be thoroughly rubbed until the patient experience a sense of fatigue. This should be done every day and continued for months, until the muscles have regained some strength. When the patient commences to get better, you can direct her to employ certain gymnastic exercises, so that the nutrition and the power of the muscles will be still further increased. In this way you will generally succeed in restoring to the muscles their normal vigor. After that, you may induce the patient to lay aside her corsets and substitute others which are not so unyielding. In the present case the trouble does not come from tight lacing, but is simply the result of hard work.

For myalgia there is but one remedy which is particularly useful, and it is so generally beneficial that it has obtained quite an undeserved reputation as a cure for neuralgia with those who do not distinguish between myalgia and neuralgia. This remedy is the muriate of ammonia. Twenty grains may be given three times a day, and continued for two days. After that quinine should be given in doses of five grains three times a day, for a week. The ammonia will produce a certain amount of congestion of the Schneiderian membrane. When the patient experiences a sense of fullness in the nose, she is to stop taking it. The inunction of oil, well rubbed into the back, is also beneficial. This is best used at night, as it tends to induce sleep. After the muriate of ammonia has produced a decided impression, gentle faradization may be applied to the affected muscles. The positive pole should be applied by means of a large sponge, the negative being placed indifferently to any other part of the body. Only a mild current should be employed, and the seances should be continued for ten minutes, and repeated daily.

FROM the announcement of the new medical college at Pittsburgh, Pa., we learn that the class of students attending the first regular annual term numbered fifty-seven, of whom twenty-one received the degree of M.D., which constitutes a very gratifying beginning.

ORIGINAL COMMUNICATIONS.

THE USE OF BROMIDE OF LITHIUM IN COMBINATION WITH SOLUTION OF POTASSIUM CITRATE

BY JOHN AULDE, M.D.

(Second Paper.)

AN appropriate heading for the present paper would be "Lithiasis: a Contribution to its Pathology and Treatment," but as it is a continuation of my paper, published in the February and March numbers of THE MEDICAL BULLETIN, no change is made in the caption. The previous paper embraced a brief history of the treatment of twenty cases by the exhibition of lithium bromide, either alone or in combination with a solution of the citrate of potassium, and the object of the present article is to outline the general principles underlying this method of treatment, with a view to enable the practitioner to properly select the cases to which it is adapted.

The majority of the cases referred to were those generally classed as lithæmia, lithiasis, or uric acid diathesis, although several were of a character somewhat different in detail, and might have been relieved as thoroughly by other remedies, or by one of the remedies alone, as the following cases will show.

CASE I.—During the winter of 1881–82, a gentleman, æt. 59, consulted me in regard to a dull persistent pain over the kidneys, and said that he had passed gravel, a specimen of which he gave me for analysis. Following the advice given by Drs. Headland and Bartholow in their works, I prescribed for him a solution of potassium citrate, and in course of a few days all necessity for its further use had disappeared. The treatment was repeated at irregular intervals when the conditions required, and always with the same happy effect. Frequently these attacks had been superinduced by vexatious business complications, and had sent the patient to bed, but the early exhibition of the remedy in all subsequent attacks proved a sufficient relief, and eventually the tendency to this condition has subsided, and there has been no more passing of gravel. I may mention the belief current that cases of this kind do not persist after the patient has reached sixty or sixty-two years of age, and cite this as an illustration.

CASE II.—Mr. C—, æt. 47, applied to me in the winter of 1882–83 for the relief of a similar condition, but this patient had never passed any gravel. He had been subject to this dull, almost constant pain for nearly fifteen years, but under the use of the above-named remedy the trouble ceased in less than a week, and as there has been no further occasion for its use the remedy has never been repeated.

In the light of my experience with these and similar cases, I was led to adopt the combination with lithium bromide, by reason of its supposed synergistic effects, together with its influence on the nervous system, points which will be more fully understood when I come to consider the chemistry and the pathological and clinical correlations of lithiasis and rheumatoid arthritis.

Chemistry.—The bromides as such possess a double value in cases of this kind, provided their use is not contraindicated. First, they possess the character of an alkali, and theoretically, their administration, in cases where the liver is torpid and stomach slow to act, appears most objectionable, but in practice this difficulty is readily overcome by exhibiting the remedy only after the stomach digestion is completed. The food is then passing into the small intestine, neutral in reaction, there to come in contact with the alkaline secretions from the liver and pancreas. Second, the hypnotic effect is to be considered, but small doses of five or ten grains certainly have but small influence on the sensorium, and it is not too much to assume that the combination with the citrate in solution produces chemical effects on any accumulation of uric acid in the tissues. The best evidence we have of this is the relief which follows within a few days after beginning a course of treatment. I may mention several of these symptoms, which in the cases I have seen are for the most part prominent. Insomnia, which frequently keeps the patient awake until long after midnight, along with inability to lie on the left side without suffering from dyspnœa. In several of the cases reported this condition had existed for years, but vanished in a few days after treatment was instituted. Cases XVII and XIX are remarkably good illustrations, the first having suffered over twelve years and the latter four. Both of these patients were hard working men, and had been under treatment the greater portion of the time. Amongst others may be

mentioned a general feeling of *malaise*, especially noticeable in the morning; lack of concentration and decision in matters of business, along with an exceptionally irritable temper and tendency to fault-finding; post-sternal distress, which is generally charged to dyspepsia, together with tenderness produced by pressure over the base of the heart.

The bromide of lithium may be the more efficient by reason of the larger proportion of bromine it contains, but I have used the bromide of potassium in doses large enough to cover this deficiency without observing such prompt and satisfactory results, and acting on the suggestion put forward by Professor Bartholow, that the potassium salts act as a protoplasmic poison at the points of elimination, I have discontinued its use. According to Gowers, the amount of bromine in the principal bromides is as follows:—

Bromide of ammonium . .	81 per cent.
Bromide of potassium . .	67 "
Bromide of sodium . . .	77 "
Bromide of lithium . . .	92 "

The usual formula with me is:—

℞. Brom. lithii. . . .	gr. x.
Liq. potass. citras. . .	gtt. xl.
Aquam. . . q. s. ad.	ʒj.

M. Sig—To be taken well diluted with water two hours after meals.

Having some doubts as to the permanency of this preparation, I submitted the matter to my friend, Dr. Wolff, who writes me that he has had a preparation made after the formula. Dr. Wolff says, "I have noted no change in it within a week's time, and even at the boiling point no change has taken place. The only possible change that could take place would be the double decomposition, resulting in the formation of potassium bromide and lithium citrate. As lithium citrate is very insoluble in water (1 to 55), and the proportion of lithium salt in your prescription is one to ten, I hold that no decomposition has taken place, as otherwise, lithium citrate would have separated."

Referring to the United States Dispensatory for 1880, very little is said in regard to bromide of lithium, except that Dr. S. Weir Mitchell has used it in place of the other bromides, only in somewhat smaller doses. I have not used it in that way, and never in larger doses than fifteen grains three times daily. In many cases this has been sufficient to produce decided drowsiness, in consequence of which the dose has been lessened.

Pathology and Clinical Observations.—At the first annual meeting of the Association of American Physicians, Washington, D.C., June, 1886 (Medical News, June 26th), Dr. Tyson opened the discussion on a question which I desire to refer to here, as in my opinion the views advanced have an important bearing on this subject. The question itself is, "Does the present state of our knowledge justify a clinical and pathological correlation of rheumatism, gout, diabetes, and chronic Bright's disease?" Dr. Tyson first gave the prevailing views as to what constitutes each of these diseases, together with a summary of his conclusions, and was followed by Dr. Draper, who, as co-referee, considered the question from a clinical standpoint. These views may be examined by the reader at his leisure, and I need not further refer to them, but in the course of this discussion Dr. Dana, of Portland, Me., is reported as inquiring if it would not be well to extend the question to rheumatoid arthritis, as in his opinion this affection required correlation with the others mentioned as much as any one of them. It remained, however, for Dr. Pepper to strike the key-note, by his assertion that the clinical evidence is too strong to be overlooked, and that we must wait for the revelations of vital chemistry to discover just how these diseases are correlated, in the meantime taking care not to mistake an accidental for a real correlation. Says Dr. Pepper, "In rheumatoid arthritis the nervous element is largely prominent. The nervous system may be at the root of, and be the real cause of all these disorders." No one will attempt to deny the force of the foregoing remarks, but I have some doubts as to the foundation on which rests the following statement: "The question of the occurrence of arthritic trouble rests upon peculiar local conditions." That the occurrence of arthritic trouble depends frequently upon local conditions is admitted, but this is not always the case, and it seems to me that it would be misleading to assume that such was generally the case. Dr. Draper said he considered rheumatoid arthritis as of gouty origin in the larger significance of that term. "We must not accept the statement of patients, that they or their families are free from gout, for the meaning they attach to the term is simply

the acute disease in the joints. They may have lithæmia without this. We have too much limited gout by insisting on the deposit of uric acid in the joints. This is, after all, only an epiphenomenon of the disease." Apropos of the remarks of Dr. Draper, I may quote the observations of Mygge on the clinical value of uric acid sediment in the urine (American Journal Medical Science, April, 1887, page 540): "From 3287 examinations of the urine, of 272 cases, made with reference to the presence of uric acid, and its connection with albuminuria, he found that no free acid occurred in 2786 examinations of 127 cases. Only 59 patients (262 examinations) exhibited uric acid abundantly at times, and in but 16 of these did its occurrence persist during a week or a month."

"The sediment was most often found in rheumatic affections and in pneumonia. In quite a number of cases lithæmia was seen coincident with albuminuria. Frequently, too, uric acid appeared as an acute albuminuria ceased; and, in many other lithæmic cases, microscopical examination revealed the presence of tube-casts and of renal epithelium. The author is convinced that there is a very frequent, if not a constant relation existing between renal affections and the persistent deposition of uric acid in the urine. He is, however, unable to explain the nature of this relation. The albumin may be produced, in some cases, by the prolonged action of the highly acid urine upon the tubules; or in others the precipitation of uric acid may be induced by the morphological elements already existing in the urine coming from kidneys already diseased. Uric acid sediment also seems to bear some relation to the desquamation of vesical epithelium, and to certain forms of incontinence of urine."

Dr. Fothergill gives the following succinct account of the pathology of gout: "When kidneys first appear in the animal kingdom, the form of urinary secretion is uric acid. Uric acid belongs to animals with a three-chambered heart and a solid urine (reptiles and birds). The mammalia possesses a four-chambered heart and fluid urine, the form of urinary secretion being the soluble urea. When the human liver becomes depraved or degraded, it has a tendency to form primitive urinary products. To the question, 'What is gout?' The answer is, 'Gout is hepatic reversion, when primitive urine is formed by a mammalian liver.'"

"Gout and Its Relation to Diseases of the Liver and Kidneys," a book issued early in 1886 by Dr. Roose, attempts to give a summary of the causation of the attacks of gout, which may be further summarized as follows: 1st. Uric acid in the form of sodium urate, is the *materies morbi* of gout, and the symptoms of nervous disorder in gout are due to the action of the *materia peccans* on the nerve centres. 2d. This substance is produced in excess as a result of the imperfect transformation of albuminous substances, this in turn being due for the most part to functional disorder of the liver, or to excessive supply of nutritive materials, or to a combination of these causes. 3d. Should the excess of uric acid be eliminated by the kidneys, decided attacks of gout may be absent, but the kidneys are liable to become secondarily affected, owing to the irritation set up by the excess of uric acid, and other products of defective metamorphosis, and by deposits of urates. 4th. In the majority of cases of chronic gout, increased production of uric acid is associated with defective elimination by the kidneys, but primary disorder of the kidney is not a necessary factor in the production of gout.

Dr. Granville ("Gout in its Clinical Aspects") does not think the indications are for the use of irritant diuretics, which are supposed to stimulate the kidney, but, on the contrary, his method is to "flush" the kidney by the exhibition of ammonium chloride and potassium chlorate, a combination the utility of which we are disposed to question. He attempts the decomposition of the urate of soda in the blood by the use of iodine, and, in connection with a little glycerine, prescribes the whole combination at once. However we may regard the use of iodine in this disease, we are well decided that potassium chlorate is by no means a remedy which one can use to advantage when it is desired to "flush" the kidneys.

M. Vulpian has recommended the salicylate of lithia in rheumatism, and claims that the results of his researches show that in acute articular rheumatism, and in acute attacks of gout, this salt appears to be as efficacious as the similar sodium salt. He has remarked that the lithia salt is useful in dissipating the still slight pain in the joints left after treatment with the sodium salt, and that those forms of acute

rheumatism in which the fibrous tissue is especially attacked, respond more readily to the lithia salt, which is also more effective in cases of subacute progressive articular rheumatism. It would seem at first that the dose of this remedy used was quite large, viz., sixty to seventy-five grains daily, although it is said the subjective disturbances of hearing are by no means so troublesome as when the sodium salt is administered. As compared with the sodium salt, its expense would be an objection to its general use, and thus far I have no experience with it. I find, on examination, that Professor Bartholow recommends in similar cases the use of the bromide of lithium, and where it has seemed to me that the alkaline treatment was indicated I have usually advised the combination under consideration. In many cases of this nature it will be found that the combination of the two remedies in the formula given will afford almost immediate relief; the stiffness and general feeling of *malaise* will frequently disappear as if by magic. But, on the other hand, there will come under observation cases where it will appear highly injudicious to use this mixture, and there is an apparent demand for the salicylate of sodium. I am not able at present to describe the peculiarity of these cases, because they are rather outside of the line of investigation, but the practitioner, with a little care, will soon be able to discriminate between the two classes.

Again, it has been advised by Dr. Miller, of Eaton, N. Y., that we use the potassium instead of the sodium salt of salicylic acid, on the supposition that it will be more readily tolerated by the stomach, and that the potassium salt is more active as an eliminant of worn-out albuminoid products which fall short of being converted into urea in the body.

In the preparation of the present paper I have drawn largely for my references upon the current literature rather than from text-books, and, while I have thrown out a considerable portion of that first accumulated, it has unavoidably assumed more formidable proportions than I expected, but knowing the disadvantages of condensation, I am prompted to make these notes as full as the space in this journal will permit.

There appeared in the issue of the Medical News for February 2, 1884, an editorial article on the subject of gouty nephritis, which, after some discussion, presented the matter in the following manner: "It must, then, be the fluids charged with the sodic urates—the urine in the one instance, and the synovial fluid in the other—which are the irritants, and the question is asked, Can we not have a gouty nephritis which is not associated with the urate deposits?" I beg leave to copy from the article referred to: "This question Virchow answers by a very interesting account of his own case. He had never in his life had an attack of gout. He had occasionally had trifling swellings about his finger-joints, which were red and painful, but without other symptoms. In the previous year, however, his bladder became irritable. There was a frequent desire to pass water, and a burning sensation in the urethra, especially at the external orifice. This was intermittent, and he gave it little attention. But the disappearance of a decided feverish state in November of that year, was followed by a decided irritation of the urinary organs, with passage by the urethra of almost pure pus, oftentimes but a few drops at a time. Surgical examination failed to discover the seat of its origin. Albumin and casts were also present. He then set himself to determine the source of this pus. He reasoned, if it is a product of mucous membrane, then it must be mixed with an appreciable amount of mucus, which is not the case if it be pus from an abscess or ulcer. To determine this he added to the slide strong acetic acid, and was astonished at the sudden appearance of a large number of crystals of uric acid, obscuring for the time all other objects. Reasoning from this fact he concluded that a decided alkaline treatment should help him. He immediately took a large dose of borate of soda, followed by Karlsbad water in the morning, with immediate relief. He continued this treatment, and in three months there was neither pus, albumin, nor casts, and his urine, in his own words, "Ist so klar wie einer Jungfrau."

"Virchow's experience suggests a mode of examination which we are confident has been rarely applied, and which, if followed, may often lead to similar practical results." I should be disposed to class this case as coming under the category of Da Costa's lithæmia, and regard it as one of those rare cases outside of the United States showing the conditions to be found in undeveloped gout. Before referring to a case which lately came under my observation, which is for the most part a perfect counterpart of the foregoing, I desire to make

a note in regard to the treatment, and will refer first to Dr. Garrod. He says, "Borax acts as a mild alkali upon the alimentary canal, and after absorption tends to render the fluids alkaline, and to produce diuresis." Referring to the use of phosphate of soda in cases of this nature, he says, "In large doses it acts as a mild saline purgative, in smaller ones as a diuretic, altering also the condition of the urine, rendering it alkaline and increasing its solvent power for uric acid; sometimes employed as a pleasant purgative for children and delicate persons, and frequently in the uric acid diathesis."

By way of endorsement of the method of treatment which I have adopted, I may quote Dr. Bartholow as follows: "In chronic rheumatism, rheumatic gout, and chronic arthritis, good results are undoubtedly obtained by the use of the lithia salts. The bromide of lithium is the most agreeable of these preparations. . . . The author has observed excellent results from the use of bromide of lithia in cases of rheumatism when the smaller joints remain swollen and tender after the subsidence of the acute symptoms. In irritation of the urinary organs due to an excess of acid, the combinations of the alkalies with the vegetable acids possess a high degree of utility. The liquor potassæ is much prescribed under these circumstances, but, as it is very irritating to the stomach, the salts are preferable, and they are equally effective. The liquor potassæ citratis is an excellent form for this purpose."

Case III.—During the autumn of 1886, Mr. B—, æt. 36, was under treatment at my hands, not because he was confined to bed, nor was he unable to attend to his usual employment, but for the reason that he did not feel as well as he desired. He is spare and rather under medium size, is engaged in indoor work, where mental activity is most important, and heretofore has enjoyed excellent health. The principal object he has in consulting a physician is to learn what derangement of the kidneys causes the unusual appearances of the water passed from the bladder, more particularly the water passed about the middle of the day. An examination made on November 30th, showed it to contain large quantities of urates, together with a limited amount of pus. In reaction it is extremely acid, specific gravity 1030, and to the naked eye it has the appearance of so much muddy water. The administration of bromide of potassium, gr. xv., in combination with liquor potass. citras, drachm $\frac{2}{3}$, three times daily for a week, and then for a short time at less frequent intervals quickly afforded relief, but, it is needless to say, did not effect a cure. Following this, remedies were administered directed to the liver and kidneys, and he made fair progress. Examinations of the urine were made at somewhat irregular intervals, and the condition was found to be considerably improved, but there were still the profuse deposits of urates, and the specific gravity remained high. On the twenty-second of January the urine was found to be 1030, very acid, with urates in abundance, at which time the usual mixture, bromide of lithium in combination with liq. Potass. citras, was ordered. This was continued twice daily for the first week, then for two weeks following it was taken only at bed-hour. After the first week other remedies were exhibited, with a view to correct the condition of both liver and kidneys, and I am happy to say that there was prompt and permanent relief afforded.

Before leaving this section, I should like to say a word in regard to the subject of insomnia, which is usually a marked feature in these cases, although in the brief report which I have given in my cases, it has not been made a prominent feature.

I am the more inclined to do this, from the fact that many of those cases which undergo routine treatment for insomnia are suffering from uric acid in the blood, a condition of suboxidation, and in this connection I desire to refer to a paper upon the subject which appeared in the issue of the Medical News for May 28, 1887, "The Cause and Treatment of Functional Insomnia." The author of the article referred to gives an account of seven cases which have come under his observation, and I will take the liberty of summarizing his method of treatment. He has variously used hypnotics with different degrees of success, including chloral and the bromides, but omitting morphine. He has tried nocturnal galvanism to the head, and lukewarm ablutions before retiring; mustard to the nape of the neck and upper spine, massage, amorphous hyoscyamia, urethan, hypnone, paraldehyde, antipyrin, together with Karlsbad and other waters. The tonic treatment of these cases includes iron, strychnine, and gentian, with caffeine and ergot, active exercise, and a trip to the Adirondacks. This writer strenuously objects to

the plan advocated by Dr. Hammond and others, of keeping these patients for a long time under the influence of the bromides, and yet he says, "The mixture of fifteen grains of bromide and twenty grains of chloral has often come to the rescue when every other hypnotic refused to act. I have seen no ill effects follow the exhibition of this mixture, even in cases of weak heart." It is somewhat singular that in the record of all these cases there is but one in which any reference is made to the urine, the simple statement being made that it is free from albumin and sugar, but contains heavy deposits of urates. This was a case of insomnia due to the presence of gastro-intestinal catarrh, for which naphthalin was prescribed, which leads me to note that I have met with several cases of insomnia due to the same cause, which have readily yielded to the judicious use of pancreatin along with the proper regulation of the diet. But what shall we say of this labored article, with copious references to foreign and domestic authorities on nervous disorders, when we do not know whether the urine is acid or alkaline. Frequently these unusual and unpronounceable diseases are distributed for the purpose of impressing the patient with the high degree of skill possessed by his medical attendant, and, besides, it tickles a man's fancy to be informed that his is no ordinary disease, as he feels secure from the encroachments of his friends and neighbors. The patient, of course, knows that either the Almighty or the doctor is liable to be mistaken, but the compliment bestowed on him has blinded the patient to the faults of the doctor. The attendant being present *in propria persona*, the sick man permits the case to go by default. We have an apt illustration of this in my Case XX. The patient during the preceding three or four years had consulted no less than six different physicians, and according to her statement, every one of them gave her a different disease, while, besides, she had one of her own, which she always kept handy for ordinary occasions. After taking bromide of lithia mixture for one week she had greatly improved, and in another week had fully recovered.

It was my intention in the course of the present paper to take into consideration the "Therapeutic Indications," but I find that space will not permit, and therefore leave the subject for future discussion.

4719 Frankford Ave., Phila.

*WEAK EYES.**

BY S. W. MORRISON, M.D.

A LARGE proportion of the population of all civilized countries have weak eyes, by which I mean that all eyes are "weak," which upon a little exercise of them in reading, sewing, or any other close work, begin to ache, or in which, after long-continued, close work, confused images, or "blurring" of the work appears. The same "weak eyes" show themselves by headaches, nervous or sick-headache, pains in the eyes, over the eyes, or in any part of the head from the ordeal of a "shopping" expedition, sight-seeing, or watching the scenery from a moving car. Thousands of persons suffered thus at the Centennial Exhibition, in Philadelphia, and a few have come to consult me but recently, dating the beginning of their eye troubles to that visit.

A weak eye also shows itself in early childhood by a deviation of the axis, or a "squint," coming on about the time when the child is old enough to begin to make use of its eyes in examining playthings, or in learning the alphabet; or at about this age from the same cause, through the reflex nervous system, a scaly eruption makes its appearance on the eyelids, or the lids become swollen and the edges red.

All these troubles may be manifest in the same individual at one time, or the evidences of weak eyes enumerated above may show themselves at different ages, or but a single symptom may appear at any time. It is enough to know that any one of these is an evidence altogether sufficient to warrant the conclusion that the eyes are being overtaxed.

The remedy for overtaxed eyes is the same as for any other overtaxed organ, viz., rest. Put the patient in a dark room, exclude every ray of light by close shutters and double blinds, and the eyes will in a few weeks be rested. This is one way of giving rest to exhausted eyes which we might have been justified in advising thirty years ago, but not to-day. It is but a temporary rest, and the eyes, from want of their normal stimulus and exercise, have been further weakened, and a little work will now more quickly exhaust them, while precious time has been wasted, and not only have the eyes been injured, but also the general health,

* A paper read at the regular monthly meeting of the Oxford Medical Society, May 18, 1887.

and the patient becomes a chronic invalid, unable to leave the house. Everywhere, to-day, this false idea of rest for the eyes is being practiced. Children are being denied the opportunity for education, and the hopes of fond parents blighted through this mistaken notion, or if study is persisted in, vision is being put in danger of annihilation, or certainly will suffer.

Rest for this class of "weak" eyes is the thing needed, and the treatment of them by rest has given me a higher degree of satisfaction than any therapeutic measure along any other line in treatment of diseases.

On a careful examination of the eyes presenting the symptoms above enumerated, we find, almost invariably, a state of defective refraction, or, in other words, these eyes are not emmetropic when in a state of normal rest. Many of these cases come to me having apparently as perfect vision as could be desired, and on trying each eye separately with Snellen's test types and the astigmatic disk, no defect is manifest, but having first obtained in the history of the case sufficient evidences of eye-strain, we know there is faulty refraction, and a simple process will reveal it.

These eyes resemble emmetropic eyes, but are really not so in their normal condition; and it is the condition existing within the eye necessary to give it the emmetropic resemblance which in itself constitutes the strain and source of the whole trouble. It is true, parallel rays in these cases are focused on the rods and cones of the retina, and a good, true image is obtained, but it is at the expense of the ciliary muscles, which are thus required to be in a constant state of exercise, which does not belong to their normal duty, and which, when the normal duty, viz., accommodation, comes to be added, we cannot wonder the eye suffers as other overtaxed organs do, not only in impaired functions, but also in degeneration of structure, and also serious reflex disturbances supervene.

All we have to do in these cases is to compel rest, which we are able to do by the use of one of the several mydriatics at our disposal, preferably a solution of hyoscyamine hydro-bromate, or atropia-sulphate, instilled in each eye a sufficient number of times, when the defect or ametropia becomes apparent; with the intra-ocular muscles at rest, the rays do not all focus on the retina, and therefore confused images only can be obtained. With the ophthalmoscopic mirror alone the retinal vessels are blurred. A convex lens may be needed to make them all appear distinctly, we therefore have hypermetropia. A concave lens may be required in another case, an evidence of myopia, or the vessels in one meridian only may be blurred, resulting in distinct astigmatism either of the hypermetropic or myopic sort. Then there may be mixed astigmatism,—myopic in one meridian and hypermetropic in another.

The lens or lenses required in the ophthalmoscope to see clearly the arteries and veins of the retina is a measure of the defect, but not to be relied on as accurately correct. The lens which corrects vision for distant objects when the ciliary muscles are in enforced rest, will give perfect rest, or, I may say, will allow of normal exercise only when the condition of mydriasis has passed away.

Spectacles thus selected will afford rest for "weak" eyes by compensating for the imperfections in the shape of the eyes, and relieving the intra-ocular muscles which have been exhausted in their endeavors at aiding vision. Headaches, eye-aches, blurred vision, seeing double, vertigo, and other symptoms dependent on eye-strain will cease.

In addition to the correction of faulty refraction, these cases need some directions in the use of their eyes, as "not to hold the book too close to the eyes;" "have the light to come over the shoulder and in sufficient amount;" "always rest the eyes a little while, as often as they begin to feel tired;" "never read when sleepy;" "never read in a moving railroad car," being the most important ones.

I have now two or three cases I will briefly report:—

"Nellie F—, æt. 12 years, consulted me on account of an eczema of the right eye lid, which had not yielded to long-continued treatment by a physician for eczema. She had suffered from headache, and sickness from reading and sewing. Spectacles with lenses + 1 D. sph., worn constantly, relieved entirely, and she has been in constant attendance at school for the past two years.

September 26, 1885. J. M—, "has had inflamed eyes for five years," last winter had to stay in a dark room for a week, with very severe pain and intolerance of light; sees objects double This was found to be a case of hypermetropic astigmatism. Spectacles were

given to correct the defect, with entire relief of the symptoms.

October 1, 1885. Miss B—, "has been able to read during the past ten years but for a few minutes at a time, and for the past six months could neither read or sew at all; has great intolerance of light; when riding to my office could not keep her eyes open; has had headache almost constantly, frequently vomits, and has been a chronic invalid, emaciated, pale, and confined to the house and a dark room a great portion of her time; tonics failed to strengthen." Again, correction for hypermetropic astigmatism did what the darkened room and tonics could never do,—cured. The headache and vomiting ceased, and the patient was enabled to read and sew with comfort.

October 26, 1885. Miss B. W—, æt. 13 years, "always had weak eyes; reading a very little while caused pain in the eyes, and she has not been able to attend school for two years. Spectacles allowed her to resume her school duties by relieving the eye strain.

February 2, 1887. Miss F. B—, æt. 12 years, "has always held books very close to the eyes, and to one side, and cannot read with the book at the proper distance from the eyes. There was no pain or headache complained of in this case, but the ophthalmoscope showed changes resulting from eye strain, which, if longer continued, would certainly have led to serious results. Distant vision was $= \frac{6}{22} + 1.50$ D. czl. ax. 90° $= \frac{6}{4.5}$, which, I am sure, not only will relieve the eye strain, but will give good vision.

The next case I will report because of its interest, although never a patient of mine:—

Reverend C. S—, for two or three years past has suffered from attacks of vertigo, coming on frequently when preaching, and accompanied with some disturbance of circulation. This was pronounced by some physicians consulted as "heart disease;" by other eminent authorities seen as a brain lesion, and, I think, by others as Bright's disease, and a few other maladies were charged as being the cause of the trouble. Dr. Norris corrected his hypermetropia, and his "vertigo" attacks of "heart trouble," "uræmia," etc., have all vanished.

A little more familiarity with the various disturbances resulting from eye strain, might have in these cases saved many weeks of anxiety and distress, and the purpose of this paper will have been attained, if you will bear in mind the varied symptoms arising from "weak eyes," simulating often various grave diseases.

THE TREATMENT OF RETENTION OF URINE WITH A CAPILLARY CATHETER.

BY JOHN WARD COUSINS, M.D., F.R.C.S.,
LONDON, ENG.
Senior Surgeon to the Royal Portsmouth Hospital, and to the Portsmouth and South Hants Eye and Ear Infirmary.

AFTER briefly relating a few examples of the immediate treatment of retention of urine caused by organic stricture of the urethra, I shall proceed to describe my instrument and the method of using it.

S. B—, æt. 48, a publican of full habit and irregular habits, had been troubled with urethral stricture for many years. Micturition had been difficult for months, and the stream of urine very small and broken. During a fit of retention, which had continued for thirty

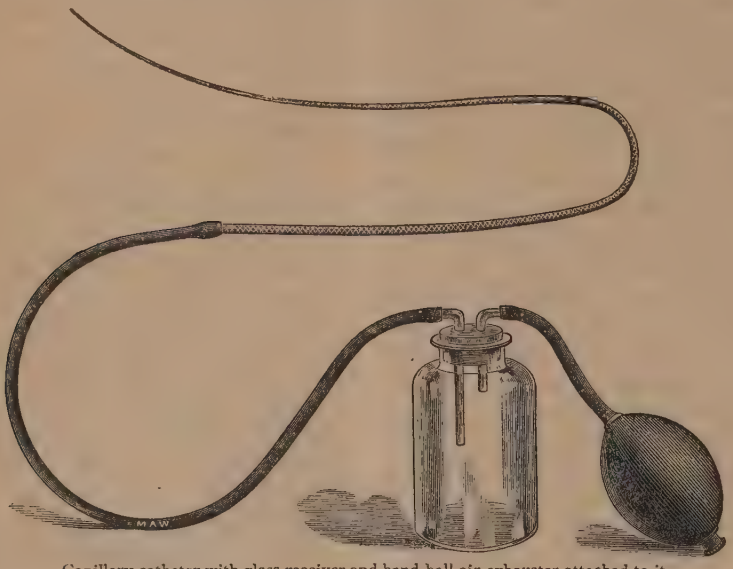
Capillary Catheter.

hours, I was called to see him in consultation with his medical attendant. Many sorts of instruments had been applied under chloroform without any relief. The capillary catheter was at once passed without difficulty, and the bladder painlessly emptied in fifteen minutes.

A surgeon, æt. 58, had labored under stricture of the membranous portion of the urethra for twenty years. He had traveled in the tropics a great deal, and had been attacked with fever several times. After twenty-four hours suffering with retention of urine, and after many efforts to relieve himself, he sent for me. A great variety of instruments were placed ready for my use, but with his permission I

introduced the capillary catheter, and relieved him in a few minutes. He was extremely pleased and thankful, and compared my painless operation to the ordinary treatment of retention which he had practiced himself for many years.

E. D—, æt. 56, a laborer, was admitted into the Royal Portsmouth Hospital in December, 1886, laboring under acute symptoms of retention caused by long standing organic stricture. Many efforts had been made at home to relieve him with the catheter, and this treatment was repeated again by the house-surgeon on his arrival at the hospital. The sufferings of the patient were extreme, and the bladder was much distended. After the administration of chloroform, I readily introduced the capillary catheter and removed the urine by pneumatic aspiration.



Capillary catheter with glass receiver and hand-ball air-exhauster attached to it.

Now, I am quite ready to admit that the skillful use of the catheter, in a large proportion of cases of retention of urine, associated with organic stricture, is followed by immediate relief; but the operation is often prolonged, and always very painful unless performed under the influence of an anæsthetic. Sometimes the urethra is lacerated, and, when this accident occurs, irritation and fever are excited, which soon issue in increased contraction of the strictured part of the canal. Cases of retention in which it is found impossible to introduce into the bladder any kind of instrument are of rare occurrence at the present day. Sometimes, after many trials, I have succeeded at once with a fine catgut or whalebone guide, and a tunneled catheter; but this method requires care, as the spasmodic state of the urethra renders the stricture unyielding, and the guide is liable to double up and bend in the effort to penetrate the constriction with the larger instrument.

In a few cases, the passage of a catheter in any form is an impossible proceeding; and, under these circumstances, provided the condition of the patient demands immediate relief, it is my practice to aspirate the bladder above the pubes for the purpose of tiding over the emergency.

The purport of my paper on this important surgical topic is to suggest, at the very onset of the treatment, a trial of my capillary instrument. During the last two years I have used it in a large number of cases of retention of urine with great satisfaction, and many of my surgical friends have sent me communications respecting their successful operations. As a general rule the operation is practically painless, and requires no anæsthetic. Like most surgeons, I have often had a wholesome dread of fine catheters, but this perfectly flexible little instrument can really do no injury, even if it fail to do good. The capillary catheter is a compound contrivance consisting of a filiform bougie and a fine catheter, very carefully prepared with woven-web and gum-elastic, and possessing great flexibility and toughness, to-

gether with a smooth and highly-polished surface. The combination is about eighteen inches in length.

The catheter introduced by Dr. Phillips some years since is a much larger instrument than mine, and the guide-bougie, attached by means of a screw, which may be accidentally unfastened within the urethra by the manipulation of the operator. It was never, however, recommended for the treatment of retention.

With reference to the method of using the capillary catheter, it must always be handled with the greatest delicacy and patience. After injecting the urethra with warm oil, and covering the patient with blankets, the penis is to be drawn forward with the left hand, and the instrument gently passed down to the stricture. As soon as its progress is arrested it must be withdrawn two or three inches, rotated between the thumb and finger and again twisted down upon the obstruction. During the repetition of these manipulations it often readily slips into the bladder; at the same time, its free and easy movement in the urethra, together with the sensations experienced by the patient, clearly indicate to the surgeon that the stricture has been overcome, and the catheter coaxed to move on in the right direction. The discharge of a little urine now takes place, the distended bladder is soon relieved, the urethral spasm subsides, and the power of expulsion is re-established. The urine soon flows in successive jets through the tube, and also by its side, and, within a few minutes, the patient is delivered from the torments of retention. In some cases, the flow may be accelerated by fixing to the end of the catheter an ordinary glass bottle, fitted with a two-way cork and a hand-ball air-exhauster, and the bladder thus evacuated by pneumatic aspiration.

Before all other methods, it is my plan to give the capillary catheter a fair trial. I have often succeeded with it in severe cases of retention, which appeared surrounded with very unfavorable conditions. The operation is painless, and the slender instrument, assisted by plenty of warm oil, excites very little straining or spasmodic contraction, at the same time it cannot injure or lacerate the canal.

The capillary catheter is made in several sizes by Messrs. Maw, Son & Thompson, of Aldersgate Street, London, and it can also be obtained from their agents, Messrs. Caswell & Hasard, of New York.

FRACTURE OF THE CRANIUM—A REMARKABLE CASE.

BY W. S. LATTA, M.D.,
Late Professor of the Principles and Practice of Medicine in the University of Nebraska.

ON the eighth day of July, 1885, Charles W. Gray was kicked by a horse on the right side of the head. The skull was fractured from a point about an inch in front of the coronal suture, and extending backward in a curved line reaching almost to the lambdoidal. The curve on the upper side of the fracture corresponded nearly to the circle of the horse's foot.

The fracture extended about an inch into the frontal bone, and backward, horizontally, about five inches through the parietal, covering a space between five and six inches long, and about two inches and a quarter in width, narrowing to a point at each end. The bones were crushed like an egg-shell, no piece being more than an inch in length, and probably three-fourths of an inch in width, and from that down to the size of a grain of coarse sand.

Many of the pointed pieces of bone were driven through the membranes into the brain, and a considerable quantity of brain oozed out when they were removed, and afterwards through the orifice left in the skin for drainage.

When we first saw the patient he seemed to be in a comatose state, resembling a person under the profound influence of chloroform, and during all the time we were dressing the wound he remained totally unconscious of pain, not shrinking in the least from the needle puncture while we were placing the stitches. The stupor continued for about two or three days, gradually passing off. The first sign of his returning to consciousness was his raising the right hand to scratch his head; which gave his nurse great annoyance, having to guard him every moment to prevent his tearing open the wound. It was soon discovered that the left hand and foot, with perhaps the entire left side were paralyzed.

The scalp was cut through in a line corresponding with the upper part of the fracture in the cranium, and also from a point about the anterior third of the first main incision, and from thence leading obliquely downward. The temporal bone was laid bare; the skin and temporal muscle forced off from the bone, making a kind of pocket and flap down to the

ear. In this pocket, and within the cranium itself, mixed with the pieces of bone, was a quantity of dust and dirt, even horse-manure, which added to its hideousness.

The treatment consisted in cleansing and disinfecting the wound, removing not only all detached bone, but all loose pieces which might become necrosed and give trouble afterwards; placing the pieces of scalp, as near as possible, in the same relation to each other that they occupied before the accident, and fastening them by suture; closing completely the entire wound in the scalp, excepting a small space at each end for drainage, and further cleansing and disinfecting with the syringe; the posterior opening serving admirably for drainage while the patient lay on his back. The wound was kept covered with cloths, wet in cool, not cold, water; believing that very cold water always excites and causes a greater flow of blood to the part, thus increasing the difficulty; and that it is unnatural and injurious to chill any cut or wound with ice-cold water dressings; and that the evaporation of tepid water will cool sufficiently.

The weather being very hot during the months of July and August, we kept large tubs of ice in his room, and water was thrown upon the house on the outside from the hydrant. Cloths, wet in water mixed with bromo-chloralum and carbolic acid, were hung about the room as disinfectants. The same agents were used in the dressing and the water used in syringing out the wound. His bowels were kept regular by small (one-eighth of a grain) doses of podophyllin. When he became partially conscious, or quite so, his irritability was controlled with anodynes, chiefly Dover's powder. The wound was syringed out every day with water containing the disinfectants, the water being thrown in at one end of the wound and allowed to pass out at the other. This was continued as long as the water would pass through, and when the unhealthy discharges ceased the wound was allowed to close.

His diet was light and easily digested, and, after the danger of active inflammation seemed to be past, nutritious. His stomach was in good condition when he was injured—indeed, his entire system was—so that alteratives or tonics did not seem indicated.

The scalp healed very rapidly, and, after it was completely closed, it puffed out over the cavity in the bone, so as to make us believe it contained pus; hence we lanced it, but found we were mistaken—no pus escaped. Electricity was cautiously applied to the left side to remove the paralysis, and we watched the case carefully, for a period of five weeks, every day, and occasionally for three weeks longer, when he, with a little assistance, could walk. We did not use the ordinary remedies for paralysis, such as strychniæ, etc., to any great extent, believing that, when the parts become sound, the paralysis would be removed.

And now nearly two years have passed; he walks well, and, being a jeweler, has gone to work on clocks, his fingers on the left hand being still too stiff to do the fine work on watches.

This adds another to the many remarkable cases of recoveries from injuries of the brain, and should stimulate the surgeon to do what he can in any case of wound of the head he may meet, no matter how gloomy the prognosis may be, so long as life is not entirely extinct.

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*SYPHILIS, MARRIAGE, AND DIVORCE.**

BY JOHN V. SHOEMAKER, A.M., M.D.,
OF PHILADELPHIA.

THE relation of syphilis to marriage is one of irreconcilable antagonism, and if the old maxim of "once syphilitic, always syphilitic" were true, the conscientious physician would be compelled to forever forbid matrimony to those who have been contaminated by the virus of syphilis. Fortunately, however, syphilis is usually a curable, and in some cases a self-limited disease, and when the system is no longer under its influence marriage is permissible, and even advisable.

When can a person who has had syphilis marry without running the risk of transmitting the disease to his wife and children? Not until he is completely cured. This is, of course, an indefinite reply, but no absolute rule can be made which will meet the indications of every case. Each case must be studied by itself. The age, habits, and general condition of the patient, the character and duration of the attack, the nature and extent of the medicinal treatment, and the age and general condition of the other partner in the proposed matrimonial compact, must all be carefully considered.

* Read before the Section of Medical Jurisprudence, at the Thirty-eighth Annual Meeting of the American Medical Association, June, 1887.

Syphilis, as a rule, is less severe, and shorter in duration in the young and robust than in the old, and in those debilitated by anæmia, scrofula, malaria, anxiety, and alcoholic and other excesses. The macular and papular varieties are indicative of a mild type of the disease, while the pustular, bullous, and tubercular forms are evidences of its obstinacy and malignancy. The character and amount of the medicinal treatment is also of importance in deciding the question. There are various remedies which possess the power of abating the symptoms of the disease, but mercury and iodide of potassium are the only medicines which can eradicate the virus from the system, and even they must be given continuously or at intervals for a long period.

The age and general condition of the other partner in the intended marriage must also be taken into consideration. Extreme youth, anæmia, debility, or the existence of the strumous or tuberculous diathesis, should be regarded as almost insuperable barriers. Robust health, and young, adult age render the system less susceptible to insidious injurious influences.

As a general rule, patients presenting a mild type of syphilis may be permitted to marry within two years or two years and a half after the time of infection, provided they have been under proper mercurial and restorative treatment for eighteen to twenty months, and have not manifested any symptoms of the disease nor deterioration in general health, during the six or eight months immediately preceding marriage.

The re-appearance of the symptoms, or a decline in general health, is a contraindication for the marriage for another extended period.

If the case has been of the malignant variety, characterized by the formation of large pustules, bullæ, tubercles, and rupial sores, medication should be continued for from two and a half to three years, and marriage not allowed for another year, and then only on condition that no suspicious symptoms manifest themselves in the meantime.

Syphilis of the nervous system or of the viscera should preclude marriage for at least five years, during which specific treatment should be thoroughly but judiciously carried out.

If syphilis of any variety unfortunately develop or be contracted after marriage, the utmost care should be taken to avoid communicating it to the innocent party. Sexual relations should be suspended, and kissing and all other familiarities avoided until vigorous specific treatment has removed the lesions, and annihilated the poison of the disease. If these precautions be disregarded, and pregnancy unfortunately supervene or evidences of infection appear in the wife, she ought also to be placed upon a decided specific and tonic plan of medication, or the most deplorable results will follow.

Syphilis in Relation to Divorce.—Public opinion has been so profoundly shocked by the scandalous facility with which divorces may be obtained in many States, that the tendency of future legislation will be to lessen rather than to increase the number of causes which are to be regarded as justifying a legal dissolution of the matrimonial bond. Care should be taken, however, to prevent the reaction from becoming so extreme as to preclude the addition of salutary amendments to existing laws upon the subject. The sanctity of the marriage contract is not attacked by indicating the various circumstances which impair its integrity. Every civil and ecclesiastical code plainly sets forth a greater or less number of reasons which either render the marriage contract absolutely null and void, or which justify its limited dissolution. It would be folly, however, to claim that any particular code will be found sufficient for all ages and all nations. Laws must be modified in accordance with the exigencies of the occasion and the habits, virtues, vices, and necessities of the people for whom they are made, and the law of divorce is no exception. At present, desertion, cruel treatment, adultery, and various bodily and mental defects are recognized to be so destructive of the peace and happiness characteristic of the true marriage state, that they are declared by law in all countries, to justify, if not to necessitate, partial or complete divorce.

There is a more dangerous and more insidious source of domestic misery, however, than any yet named. Syphilis is more subversive of the objects of the matrimonial compact than all the offenses enumerated upon the statute book. The principal object of marriage is the propagation of a healthy race. Syphilis poisons the fountain of life at its source. Marriage is presumed to be the bond of affection between two of the noblest of God's creatures. Syphilis converts it into the shackle by which the living is chained to the loathsome dead. The evils which the syphilitic husband entails upon his

wife, his offspring, and society at large, are so many as to almost defy enumeration.

Is it not, then, right and proper that syphilis should be recognized as first among the causes which justify the innocent party in applying for divorce. It may be objected that the provision relating to adultery as a basis for proceedings in divorce is sufficient to protect the interests of all concerned. Sad experience, however, declares that it is not. The proof of adultery is difficult, and sometimes impossible, to obtain, unless the guilty parties are caught *in flagrante delictu*, and in many cases the disease dates from before marriage. The present active existence of syphilis, however, is readily ascertained. It may be also objected that syphilis may be unwittingly or innocently contracted in the discharge of professional duties, and a hundred accidental ways, and that it would be exceedingly reprehensible to permit such an unfortunate occurrence to be used as a pretext for violating a sacred compact and exposing a blameless person to the derision of the world. This objection is deserving of consideration, but any proposed law could be modified to meet it. No man worthy of the name would insist upon the continuance of marital relations under such circumstances, and no true woman would insist upon partial or complete separation in such a case, unless compelled to do so for self-protection. He or she should, however, be given the legal privilege to do so as a last resource.

The famous Colin Campbell case proves that such an amendment of the law is necessary. The plaintiff, Lord Colin Campbell, applied for an absolute decree of divorce from the defendant, his wife, Lady Mary Campbell, upon the ground of adultery and desertion. The facts as developed by the trial were that, when Lord Colin was married, he was suffering from a complication of venereal disorders, and that as a result of his diseased condition, the consummation of the marriage was followed by a violent attack of metritis and perimetritis, which seriously prostrated the defendant. After a tedious illness she recovered, but refused to permit a renewal of the marital relations. The honorable Lord then determined to humiliate and disgrace her by accusing her of adultery and desertion and applying for a divorce, which he believed his rank and prestige would enable him to obtain at once. Fortunately, however, Lady Mary Campbell had a host of friends who demanded that an exhaustive inquiry should be instituted before any decree would be made. The testimony was published, and popular sympathy was manifested so strongly in behalf of the injured wife that the court dismissed the noble Lord's appeal. Owing to the defect in the law which I have pointed out, Lady Campbell is practically without redress. She has been injured in health, injured in reputation, publicly villified, and privately slandered by a miserable wretch whom she is still compelled to call husband.

Is not this anomalous and disgraceful in the extreme? Yet there are many cases continually occurring in all countries in which equal or greater misery is inflicted upon the innocent victims of man's selfishness, ignorance, or brutality. It is high time that the protective ægis of the law should be extended over this numerous and long-suffering class. All that is necessary is the enactment of a clause substantially stating that syphilis shall be sufficient cause for an action for absolute divorce, or for divorce with alimony, at the option of the aggrieved party. It might also be advisable to add an amendment declaring the willful concealment of syphilis or other venereal diseases at the time of marriage, or communication of their contagion at any time, to be a misdemeanor punishable by fine and imprisonment.

I am aware that these proposals will not now meet with universal approbation, but I am convinced that they will meet with increasing favor in the future, and that it will not be many years before similar or even more stringent and more salutary measures will be incorporated in the statute books. The fear that some may entertain that public demoralization would be increased by proceedings based upon such an enlargement of the divorce laws would not be realized. The proposed amendments would practically prove most beneficent by their preventive, rather than by their penal character.

Cocaine in Sea-sickness.—According to M. Otto, cocaine appears to have given good results in sea-sickness, the nausea and vomiting being quieted, and the nervous excitement replaced by a calming sleep. M. Otto prefers an aqueous solution of the hydro-chlorate 1 to 100 three times a day. Four or five drops should be administered on a piece of ice. In the vomiting of pregnancy and irritative dyspepsia it will also be found effective.—*Revue Scientifique.*

HOSPITAL REPORTS.

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UNDER THE CARE OF

MR. J. ASTLEY BLOXAM, F.R.C.S.

Case of Double Psoas Abscess and Lumbar Abscess on the Left Side.—William H—, was admitted on October 31, 1883. The patient said that about six weeks ago he was getting over a fence when he noticed a crackling sound in the lower part of his abdomen, and felt as if something had given way. On undressing, later on, he remarked for the first time the swelling in his left groin which has since steadily increased in size. Some two days later the swelling in the right groin made its appearance, followed at the end of a week by a tumefaction in the left lumbar region. There is slight pain on pressure on the lumbar vertebræ. On admission the swelling in the right groin was about the size of a hen's egg, and that in the left as large as a child's head. There is distinct transmission of impulse on coughing. Urine, specific gravity 1020, acid, no albumen nor sugar.

November 15th—The patient was sent to the College of Surgeons for examination purposes. He says several candidates diagnosed the swellings as "chronic abscesses in the groin," and "lumbar abscess." 29th—The patient being anæsthetized, Mr. Bloxam made an incision about an inch and a quarter in length just above the crest of the ilium, on the left side, giving exit to a large quantity of pus, a long drainage-tube was placed in the wound, passing to the abscess in the groin. An incision was then made into the lumbar abscess, some sixty ounces of pus escaping. The whole operation was done under antiseptic precautions, and an antiseptic dressing applied. 30th—The wounds were dressed antiseptically on this afternoon, when the patient complained of pain in the left side. December 1st—The discharge is sweet and healthy in appearance. Patient's urine is very dark, probably from absorption of carbolic acid, and he sleeps very badly. 6th—To-day, the patient was again placed under chloroform and an incision made on the inner side of the right thigh, about three inches below Poupart's ligament. A quantity of pus and blood escaped. Through this opening a director was passed upwards to the abdominal walls, and, at the spot where its point could be felt, another incision was made on the right side, on a level with the umbilicus. A large drainage-tube was inserted at each opening. The patient's temperature had always been and remained about normal until the 7th, when he complained of pain in the right hip, his urine deposited urates in abundance, and his temperature rose to 102° Fahr., and remained high for twenty-four hours. It came down again on the 9th, and the appetite returned. Patient sleeps very badly, and has a hypodermic injection at bedtime. 12th—Wounds were again dressed antiseptically to-day, and the drainage-tubes were replaced by smaller ones, none being put into the small wound in the left groin. The patient has lost flesh since the operation. He was ordered a tonic mixture of quinine three times a day. 25th—Things have been going on well, and the patient is improving. The quantity of discharge is gradually lessening. Temperature never above 99° Fahr. 29th—Last evening the temperature went up to 103° Fahr., without any ascertainable cause, and the quantity of discharge was much increased, after which the temperature returned to 99° Fahr. January 4th—The discharge, at present, comes principally from the right thigh. 14th—The patient complains of a good deal of pain in the right thigh, accompanied by increased discharge of pus. The temperature averages 101° Fahr. February 1st—The dressings have been continued, and the quantity of discharge is now small from either side. Urine contains some albumin and mucus. March—The patient is slowly improving. There is still some discharge, but there has been no pyrexia. April 25th—Yesterday, Mr. Bloxam opened an abscess which had re-formed after healing in the left psoas muscle. About five ounces of pus escaped. 29th—There is still a considerable amount of discharge, but the temperature has returned to normal. May 27th—The discharge has slowly decreased in amount, but to-day the patient had a rigor, and the temperature rose to 103° Fahr. June—The patient's urine has a peculiar dark-brown color, and contains mucus and two-thirds of albumin. Specific gravity 1005. The carbolic dressing was discontinued, and the symptoms then appeared to improve.

The patient was ultimately sent to the infirmary; suppuration was still taking place from the wound, but his general condition had much improved.

THERAPEUTIC NOTES.

MATERIA MEDICA OF THE EUCALYPTUS OILS.

In an article published in the March, 1887, Chemist and Druggist, William Sutherland, M.A., B.Sc., gives the following interesting facts about the eucalpytus oils which have been proved to have valuable anti-malarial properties.

The oil in common use is the essential oil of eucalyptus amygdalina, but there is no ostensible reason why the mallee oil should not be quite as acceptable. The first effect of the oil when taken internally to the extent of ten to twenty minims, is to stimulate the cerebro-spinal nervous system, large doses produce genuine intoxication which passes into unconsciousness and heavy sleep; the reasonable antidote for an overdose is therefore a cup of strong coffee. The oil possesses more powerful antiseptic properties than phénol (carbolic acid), and is accordingly used in an antiseptic spray, and for antiseptic dressings; it is not so irritating as phénol, but possesses a sufficient inflammatory power to render it a good rubefacient if applied with friction. Considering its powerful antiseptic effect, its poisonous action when taken internally is remarkably mild, so that there is no danger from its absorption by even a large wound surface; when it is carefully purified as much as one-quarter of an ounce can be taken diluted, with no more serious results than considerable depression. An idea of its antiseptic powers may be gathered from the fact that one and a half parts in one-thousand arrest the development of bacteria in a vegetable infusion. Its effect on the blood is powerful, it diminishes the power of the red corpuscles to absorb oxygen, as can be shown by the darkening of red blood when even very dilute eucalytus oil is added to it; it also destroys the contractility of the white blood corpuscles. Many small animals are paralyzed by the mere vapor, so that the value of eucalyptus oil as an anthelmintic or vermifuge can be understood. The following formulæ were given by Mr. Bosisto, in a paper on the "Materia Medica of the Eucalyptus," published in the Australian Medical Journal, 1885, page 441:—

For rheumatism, sciatica, lumbago, asthma, and sprains, requiring a strong liniment—

℞. Ol. eucalypti . . . . ʒiv.
Vaseline . . . . . ʒij.
M.

For the throat, when it requires a mild liniment—

℞. Ol. eucalypti . . . . ʒiij.
Ol. olivæ . . . . ʒj.
M.

The addition of the olive oil prevents irritation of the skin. The vaseline is to be warmed before mixing.

In its internal use for coughs, asthmatic difficulty of breathing or sore throat, five-drop doses on loaf sugar are recommended to be taken occasionally. For stronger doses—

℞. Ol. eucalypti . . . . ʒj.
Pulv. gum acaciæ . . . . ʒiij.
Saccharum . . . . ʒss.
Aq. cinnamon . . ad ʒiv.
M. Sig.—Dose a half ounce for an adult every four or six hours.

Or the following may be used—

℞. Ol. eucalypti . . . . ʒj.
Infus. lini . . . . ʒiiss.
Syrupus . . . . ʒss.
M. Sig.—Dose as above.

As an anthelmintic, thirty to sixty minims of the oil in mucilage of starch are to be administered by enema.

PORPOISE OIL AS A COD-LIVER OIL SUBSTITUTE.

The therapeutic use of an oil from the cetaceans as a cod-liver oil substitute is not a new idea. Dugong-oil, which is yielded by a herbivorous cetacean of the waters of Australia and the Eastern Archipelago, has all the qualities of cod-liver oil without the repulsive taste, odor and the tendency to decay. The dose is the same in quantity as cod-liver oil.

Recent experiments of mine have shown that oil from the tursiops tursio has all the medicinal virtues of cod-liver oil, and can be taken without nausea by the most delicate stomach. It is easily and readily digested and assimilated. It is free from fishy smell and taste, so objectionable in cod-liver oil. It is more nutritious, thereby furnishing new material to the system in greater abundance than any other known oil.

Some of the diseases in which I have found it especially adapted and advantageous are phthisis pulmonalis, emphysema complicated with asthma, scrofula, with or without tuberculosis, and rheumatism. A most distressing case of vesicular emphysema complicated with asthma was most rapidly and promptly relieved by a dessertspoonful of oleum delphinidæ and spiritus frumenti, thrice daily. In one week pa-

tient experienced marked relief, and in a month could lie down and sleep in comfort, which he had not done for more than three years; appetite improved, accumulation of flesh followed, and the patient considered himself quite well. Cod-liver oil, plain and in emulsion, had been administered for months, but without perceptible benefit. In sub-acute rheumatism, oleum delphinidæ, locally applied, acts promptly in relieving pain and stiffness of joints and muscles. In infantile bronchitis (acute), given internally and applied locally over chest it gives almost immediate relief, in twenty-four hours almost entirely removing the dry cough.—S. L. WEST, M.D., *Medical Standard.*

BLACK EYE.

There is nothing to compare with the tincture or a strong infusion of capsicum annum, mixed with an equal bulk of mucilage of gum arabic, and with the addition of a few drops of glycerine. This should be painted all over the bruised surface with a camel's-hair pencil, and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done immediately after the injury is inflicted, this treatment will almost invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic, sore, or stiff neck.—*St. Louis Med. and Surg. Journal.*

CIRRHOSIS OF THE LIVER.

℞. Hydrarg. bichlor. . . . gr. j.
Ammonii chloridi . . . ʒj.
Syr. auranti cort. . . . ʒij.
Aqua . . . q. s. ad ʒvj.
M. Sig.—Teaspoonful four times a day.

CHOLERA INFANTUM.

℞. Morphia sulphatis . . gr. ss.
Spts. myristicæ . . . ʒj.
Tinct. belladonnæ . . ♏xij.
Syr. simp. . . . . ʒiss.
M. Sig.—Half teaspoonful every hour or two.

DANDRUFF.

℞. Lac sulphuris . . . . ʒss.
Pulv. capsici . . . . ʒss.
Adipis . . . . . ʒij.
M. Ft. ungt.
Sig.—Apply every night.

LEUCORRHŒA.

℞. Tinct. ignatiæ . . . ʒij.
Ext. hamamelis . . . fʒij.
Ext. geranii . . . . fʒij.
M. Sig.—Two teaspoonfuls to a pint of water every morning as an injection.

CHLOASMA.

℞. Hydrarg. chlor. corrosivi . gr. x.
Spts. vini rect. . . . ʒij.
Aquæ rosæ . . . . ʒij.
M. Sig.—Apply every morning.

ORCHITIS.

℞. Ext. aconiti rad. . . . f♏iv.
Ext. phytolacca . . . fʒiss.
Elix. simp. . . . . fʒij.
M. Sig.—Teaspoonful every three hours.

MIGRAINE.

℞. Tinct. nucis vomicæ . . ʒj.
Acidi nitro-hydrochlorici, dilut. ʒij.
Aqua . . . . . ʒix.
M. Sig.—Teaspoonful, in water, after meals.

NERVOUS DYSPEPSIA.

℞. Tinct. nucis vomicæ . . ʒiij.
Acidi hydrochlorici dilut. . ʒiiss.
Tinct. cardamomi . . ʒiiss.
Tinct. calumbæ . . . ʒij.
M. Sig.—Teaspoonful, in water, after meals.

DYSENTERY.

℞. Pulv. opii . . . . gr. ix.
Pulv. ipecac. . . . gr. xij.
Quinia sulphatis . . . ʒss.
Ol. theobromæ . . . q. s.
M. Ft. suppos. No. vi.
Sig.—Use one every two hours.

CHOLERA INFANTUM.

℞. Tinct. opii deod. . . . ♏viij.
Spts. myristicæ . . . ʒj.
Tinct. aconiti rad. . . ♏viij.
Vini Portense . . . ʒij.
M. Sig.—Teaspoonful every two and a half hours.

MALARIAL DIARRHŒA OF INFANTS.

℞. Morphia sulphatis . . gr. ss.
Quinia sulphatis . . . ʒss.
Syr. yerba santa . . . ʒj.
Syr. simp. . . . . ʒij.
M. Sig.—Teaspoonful every three hours.

COLIC.

℞. Spts. chloroformi . . . ʒj.
Spts. myristicæ . . . ʒss.
Vini xerici . . . . ʒj.
M. Sig.—Teaspoonful every half hour, until relieved.

COLLIQUATIVE DIARRHŒA.

℞. Tinct. opii deod. . . . ʒij.
Acidi sulphurici dilut. . . ʒiij.
Tinct. capsici . . . . ʒss.
Elix. simp. . . . . ʒj.
M. Sig.—Five drops to a teaspoonful every two hours, according to age.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, August, 1887.

THE INTERNATIONAL MEDICAL CONGRESS.

THE following editorial from the current number of the Alienist and Neurologist so well voices the sentiments of every patriotic American physician that we reproduce it in full.

"Before another issue of this journal shall have gone forth to its readers over the world, the Congress will have met in Washington, received the cordial fraternal welcome America's physicians are preparing for it, finished its scientific work for the year and cemented anew the bond of friendship and fraternity existing throughout the world among all true physicians.

"A few who invited the Congress may not be there to greet its members, but we hope they will.

"We hope the few individual declarations of this kind will be reconsidered and revoked. At all events the Congress will be heartily received by the American profession as a body. The army will be there to honor them, though a few deserters may be in the rear, and a few 'wounded in spirit.'

"But by September we hope to see all the wounded restored to the ranks and all the deserters from the camp brought back, not in ambulance or chains and under guard, but cheerfully returning (led by silken cords of love, as it were) to welcome to our common country our common friends, who have been invited to accept the hospitality of our common household.

"We will put our family jars in the closet where we keep our skeletons (if we have any on hand in September), and set our best viands on the table. We will lock that closet and bury that key or throw it into the sea, and hang out the latchstrings to our hearts and homes, as Americans are wont to do when guests whom they esteem come to their doors.

"Americans know how to make up after a war as well as how to fight. This the world knows. We are not fighting over who shall run for Congress now, but for funds to run it hospitably and creditably to the American good name for cordial hospitality.

"Send on your funds, gentlemen, belligerents, to the finance committee, and your swords shall be turned into knives and forks and something for them to work on, and you shall make plowshare-furrows into the affections of our coming guests, and pruning hooks to cut off the asperities engendered by the incipient late lamented unpleasantness among ourselves.

"Everybody is going to the Congress, and every one is going there in good humor, too."

THE TREATMENT OF INGROWING TOE-NAIL.

THE many barbarous and and painful procedures recommended for ingrowing toe-nails are well adapted to impress the patient and his friends with the skill of the operator, but they are seldom necessary to effect a cure.

Almost all cases of this painful affection arise from wearing tight, narrow shoes, which compress the toes against each other, and elevate the lateral surfaces of one or more of them above the edges of the nails. More or less swelling results, and the sharp corners of the nails cut into the soft œdematous tissues, producing inflammation and ulceration, accompanied by a fetid discharge, intense pain, and the formation of exuberant granulations. The big toe is usually involved, but any or several of the others may be similarly affected. In severe cases the entire foot may become swollen and excessively painful.

The rational treatment of ingrowing toe-nail consists first in removing its cause. Take away the pressure from the toes, and allow them to lie flat and separate. This can be done either by cutting a piece out of the shoes usually worn, or by instructing the patient to wear a pair of slippers or shoes with broad toes.

The next part of the treatment is to reduce

the inflammation and swelling of the tissues which project above the edges of the nail. In mild cases, rest, and elevation of the parts with the application of cold water, or of leadwater and laudanum, will be sufficient. In severer cases the following ointment will act like magic:—

℞. Acidi carbolici . . . gr. v.
Acidi tannici . . . ʒiss.
Adipis . . . . . ʒj.
M. Ft. ungt.
Sig.—Apply four times a day.

Under its use the pain vanishes at once, the granulations shrivel up, the inflammation and œdema subside, and the toes regain their normal size and appearance. This gratifying result can be obtained in many cases even while the patient is pursuing his usual daily avocation. The only possible objection to this simple and efficacious method of treating ingrowing toe-nails is that it will lessen the opportunities of the ready and anxious surgeon to test the merits of the different varieties of knives and anæsthetics, but, inasmuch as serious accidents have occurred in the practice of the most experienced surgeons and their favorite anæsthetizers, the patient should be given a chance.

INTERNATIONAL MEDICAL CONGRESS RAILROAD RATES.

THE Committee on Transportation have secured the satisfactory reduction of thirty-three and one-third per cent. from the regular railroad fares to and from Washington, D.C., for all members of the Congress and their families. In order, however, to obtain the benefits of these reduced rates, application must be made to the chairman of the committee, Dr. J. N. H. Lovejoy, 900 Twelfth Street, Washington, D.C., for a certificate stating the number of persons intending to go. Those who do not procure this certificate will be compelled to pay the regular rates.

THE DAILY EDITION OF THE MEDICAL REGISTER.

DURING the six days' session of the Ninth International Medical Congress The Medical Register of Philadelphia will be issued daily. It will be full size, and will contain a complete report of the Proceedings of the General Sessions, and of all the Sections. This will give those who cannot attend the Congress a full report of the proceedings daily. The six numbers will be mailed, postage prepaid, to any address for fifty cents. Subscribers to The Medical Register will receive the daily edition free.

Address all orders to The Medical Register Company, 1519 Walnut Street, Philadelphia, Pa.

THE DISEASE OF INEBRIETY.

DR. EDWARD C. MANN pleads earnestly in the July issue of the Chicago Medical Journal and Examiner, for a more extended recognition of the fact that inebriety in perhaps the majority of cases is not a fault or a crime, but a disease, requiring persistent and long-continued medical supervision. Merely keeping a patient away from liquor is the smallest and most unimportant part of the treatment. The whole system which is shattered and broken down, must be invigorated and restored to its normal standard, and the brain and nervous system brought up to the highest resisting point, before the lost will-power is restored and the irresistible craving for alcohol cured. There is no disease of the nervous system more grave and more worthy of the most careful study and attention. It is a true periodic insanity, and only the most careful treatment, continued for months, can cure it. The treatment must be careful, methodical, and intelligent, the physician recognizing the fact that he is dealing with a real disease which primarily produces congestion from want of vaso-motor control, loss of muscular control, perversions of judgment and will-power, and absolute prostration of nerve-power, while, secondarily, it causes hypertrophy of the heart, structural diseases of the stomach, brain, liver, and kidneys; alcoholic dyspepsia; alcoholic phthisis and a multitude of nervous lesions which may end in alcoholic dementia, in which personal identity and responsibility are lost, and whose earliest symptoms are loss of memory, failure of speech, and manifestations of moral obliquity, and finally delirium tremens, mania-a-potu, and perhaps chronic insanity.

Dr. Mann well says that the study of this grave and increasing disease should not be limited to the small band of specialists who

assemble at the annual meetings of the American Association for the Cure of Inebriates.

The general practitioners meet with it in its early curative stages, and they should inform their patients of the grave consequences that may ensue if the treatment be not persevered with until all desire for alcoholic liquors has permanently disappeared.

MEDICAL NEWS AND MISCELLANY.

MR. VICTOR HORSLEY has been appointed Professor of Pathology in the University College, London.

DR. JOSEPH D. BRYANT, the eminent surgeon, of New York City, has been appointed Health Commissioner.

THE MISSOURI MEDICAL ASSOCIATION has contributed three hundred dollars, and the St. Louis Medical Society two hundred dollars, to the Ninth International Medical Congress.

MERITED HONORS TO PROFESSOR ESMARCH.—Letters of Nobility have been given by the Emperor of Germany to F. Esmarch, Professor of Surgery of the Faculty of Medicine at Kiel.

WE are informed that at the recent regular meeting of the New Jersey State Medical Society, four hundred dollars were contributed to the entertainment fund of the International Medical Congress.

MEDICO-LEGAL SOCIETY OF CHICAGO.—At the annual meeting of this society, held June 4th, the following officers were elected for the ensuing year: President, E. J. Doering, M.D.; First Vice-President, Boerne Bettman, M.D.; Second Vice-President, Erie Winters, Esq.; Treasurer, L. L. McArthur, M.D.; and Secretary, Scott Helm, M.D.

THE RUSH MONUMENT.—The State Medical Society of California at the recent session in San Francisco, April 20th, unanimously adopted resolutions heartily approving the project of erecting a statue of "the immortal Benjamin Rush," in the city of Washington, and requesting the various medical journals to call upon every physician in the State to contribute the very modest sum of one dollar each, to which the subscription has been limited.

CASE OF SWALLOWING ARTIFICIAL TEETH.—A patient of mine recently swallowed a plate (gold, with two teeth), and I immediately adopted a practice recommended to me some years ago by Sir James Paget in a similar case. I made him eat three good-sized slices of bread and swallow four tablespoonfuls of flour and water made into a fairly thick mass. I then administered an emetic, and the teeth returned entangled in the tenacious vomit. I may add that the first case was equally successful, and that something of this sort is habitually done at police-stations when prisoners passing false coins swallow them.—M.D., *British Medical Journal.*

LOYAL TO THE CONGRESS.—The Medical Society of the State of Pennsylvania made the largest and the most liberal contribution to the Ninth International Medical Congress. One thousand dollars was voted to it in open session, and about two hundred dollars was raised in addition by private subscription, making in all twelve hundred dollars. The profession and the State Society have thus shown their deep interest in the coming meeting, which promises to be the largest ever held in the States. The profession of the West and South have now the assurance that Pennsylvania will be with them at this gathering in large numbers, as well as with her means.—*Med. Reg.*

ANOTHER SLATE BROKEN.—A few of the delegates of the Philadelphia County Medical Society put their heads together, at a recent meeting of the Medical Society of the State of Pennsylvania held at Bedford, and concluded to grab all the offices. They likewise formulated the future course of the Society, arranging that Philadelphia should cast one hundred votes, in place of one, in the nominating committee, and that every third year the Society should meet in Philadelphia. The majority of those present concluded not to agree with the prearranged plans of the few. Many of the old and tried officers were, consequently, retained, and the plotters were given, as usual, a back seat. It was also decided that the Philadelphia county delegates had their rights only as members, and could not, and should not, run the Pennsylvania State Society. The action of the Society from the beginning to the end, even to the selection of the officers, was most judicious and wise.—*Med. Reg.*

RUMEX ACETOSA IN CANCER.—In 1849, directly after I began practicing medicine, an old gentleman, a very warm friend, proposed to give me a secret remedy for cancer. The broad-leafed, or horse-sorrel, was to be gathered and prepared at a certain stage of development, bruised in a wedge-wood or glass mortar, the juice expressed out on a pewter plate, dried in the shade to the consistence of honey, then spread on chamois or buckskin, and, after abrading slightly the surface of the diseased part, to be applied daily, till the diseased tissue separated from the sound, when the dead mass could be easily removed. After this the best dressing is a weak solution of the medicine in water.

The different species of rumex have the same chemical constituents, and the broad-leafed sor-

rel not being easily obtained in the locality where I then was, I gathered a quantity of the small-leafed, or sheep-sorrel, at the proper time, to wit., when the bloom began to drop, and bruised it in an iron mortar and expressed the juice out on a common delf-ware plate, and when evaporation had brought it to the proper consistence I put it up in a gallipot. In the first case of epithelioma that came under my care I used it, and was successful. I have used it frequently since, both successfully and unsuccessfully, and I feel safe in saying that the diagnosis, in some, at least, of the successful cases, was correct, as it was confirmed by those high in authority and by the microscope. I think it is fair to admit that it is one of the best and safest escharotics we can use in such cases; and when our patients are not willing to submit to removal by the knife, when the glands are not involved, and the disease has not encroached too much on the underlying tissues, we can safely use this in preference to any other escharotic. Of course the use of any of this class of remedies cannot be compared to immediate removal by surgical procedure.—J. LAMB, M.D., *Journal of the American Medical Association.*

A LAST RESORT.—The Philadelphia correspondent of the New York World has evidently been mingling with the disappointed gentlemen of this city who have been trying to either rule or ruin the Ninth International Medical Congress and have lamentably failed in both. It is the last dying effort of the clique, who want to wash their dirty linen in the lay press, and at the same time get a certain amount of free advertising—an opportunity which they never let slip. It is on the same plan of the pseudo reports of great (?) operations, big gas (?) cures, *et al.* It is quite evident to those who read the New York World of June 19, 1887, who are the gentlemen (of Philadelphia particularly) who opposed the reorganization, of the Congress on a national basis of representation, for, in good bold-faced type, their names in full, as the great (Heaven help us!) lights of the profession, are modestly displayed; at the same time Dr. Shoemaker is attacked in three different paragraphs. Yet these men believe in an elevated professional sentiment among medical men, and prate loudly about ethical conduct and the like. To the disgust of all decent and honorable members of the profession, this conduct is simply unaccountable and disreputable. We can honor a man who takes lawful and legitimate means to uphold his opinion, though he may be wrong, but when he goes outside of the pale of that which an honorable tradition of a noble profession has laid down, in order to ventilate his private differences in the daily papers, the English language fails to provide us fitting words to express our contempt and disgust. We are modestly told that all of the great men of the West and South flock to the seaboard in droves, and especially to Philadelphia, because all of the eminent ones live here. They tell us, in the same Sunday World, that the great obstetrician came, the eminent, stately, and pompous therapeutist came; and yet, if current report is true, neither is prosperous or happy. Possibly this may be due to the fact that they have not as yet shaken off Billing's malarial influence, which according to that eminent authority grows and thrives in the country where they came from, and become acclimated, or it may be from a lack of patients. We do not pretend to say which explanation is the right one, but the fact still remains, they are not happy. Go on, gentlemen, quarrel among yourselves; wash your foul rags; show your ugly ulcers and copper-colored spots—do all in your power, it will not avail. The Ninth International Medical Congress is a success assured, in spite of what you have done, what you are doing, or what you can do. The die is cast, the hand writing is on the wall, and all you can do will not alter one jot or tittle. You only make a pitiful spectacle before the whole world.—*Medical Register.*

INTERNATIONAL MEDICAL CORGRESS.—"Going to Congress?"

"Yes."

"I would not if I were you. You will meet no one there."

"Why, there will be so and so."

"Don't know them."

"But they are well-known men."

"Well, they may be, but Dr. Blank writes to me that the best men in the States will be absent."

"Who are the best men?"

"So and so."

"Don't know them. Seriously, is it not absurd for you to give this reason for not going?"

"Well, but Washington is so hot, or will be."

Thus far ran the conversation in the smoke-room of a London physician's house. So I thought I would put in a spoke.

"It appears to me that if your friends, 'the best men'—that is to say, the men you chance to know—had been in office, Washington would have been cool enough; but as they are not in, and as they have got into hot water with the profession in America, you are lauding them up here and trying to injure the Congress."

Being on friendly terms with the objector, we discussed the situation, and there was a general agreement that the Congress should be attended. This is a sample of what can be done by poisoned information from the States. I give another sample: Scene at another London house—a few friends sitting in drawing-room:—

"The Congress fellows have treated Billings very badly."

"How?"

"Well, you see, they upset all his arrangements; put on men who ought not to have positions."

"Don't see it. Billings was only an agent, and he should have acted differently. The Americans were not quite satisfied about him; that surgeon-generalship announcement in British Medical Journal did not do him good."

"But I know that Dr. Billings was offered the surgeon-generalship and declined it, as he would have to sacrifice his life-work—the Catalogue of the Surgeon-General's Library."

"I would risk my bottom dollar that he was never offered any position of the kind, and that he would only too gladly accept the office."

"You don't know him. In any case, his committee were not satisfied, and from letters I have received they will not take part in the Congress."

"That is no doubt true, but you have only to see the Journal of the Association to be satisfied that the best men in America will support it. One swallow does not make a summer; the absence of a few noted men cannot possibly affect a meeting of this kind."

"Well, but Shoemaker is not as good a secretary as Billings."

"Shoemaker has nothing to do with it. The secretary-general is a Dr. Hamilton."

"You are surely making a mistake."

We then looked up references from our host's library, and I satisfied my *confrère* that he was altogether misinformed.

It has been well said that a woman scorned is a very dangerous enemy. It is evident that doctors scorned can now put in a rival claim, and that your "great men" (save the mark) have been busy at work with their pens (privately) sowing distrust, and trying to keep London men away from the States.

They will not succeed. They may as well give up their game—euchred.—*Med. Reg. London Correspondence.*

THERAPEUTIC PROPERTIES OF CORN SILK.—During the last three years, or ever since the introduction of corn silk as a remedy, I have had ample opportunity to test its therapeutic effects in those diseases for which it is recommended. I have discovered no new qualities of this drug, but merely desire to corroborate the statement of other physicians, who speak in favor of it. My experience with the fluid extract of corn silk has been most satisfactory in every respect, having used it in many different forms of acute and chronic diseases of the kidneys and bladder, and I find it a valuable remedy in these ailments. In all catarrhal disorders of the genito-urinary organs I find it superior to other medicaments I formerly tried. I have used it in retention and suppression of urine in adults and infants with the best success. In the acute stage of gonorrhœa, alternated with alkalies, it will relieve the scalding in passing water, allay pain, and shorten the first stage. In organic heart-disease, when there is a deficiency of urine, it will act as a mild but certain diuretic, increasing the flow of urine when other stimulating diuretics have failed to produce diuresis. The fluid extract of corn silk, given in drachm doses, will also relieve the periodical attacks of dyspnœa in this trouble, and, alternated with fifteen drops of the fluid extract of cereus bonplandi, I consider these two remedies as excellent palliatives in functional as well as organic ailment of the heart, believing that, besides its demulcent and diuretic actions, corn silk has considerable anodyne properties:

In regard to dosage, I found that in acute renal diseases, or in retention or suppression of urine, where a decided action is required, full doses—one to two drachms of the fluid extract, well diluted with water—may be given, repeated every two or three hours until the desired result is obtained. In chronic cases, twenty minims to one-half drachm, four times daily, in a wine-glassful of water, an hour before meals, acts best. It may be given for weeks or months without deranging digestion, but the doses will have to be increased if given for any length of time. Therefore, it is well, after giving the corn silk for two or three weeks in chronic renal cases, to alternate with other mild diuretics, such as buchu and acetate potassæ. Notwithstanding the fact that corn silk is an excellent remedy in irritable bladder when given in small doses, it will, when exhibited in large, or overdoses, to a healthy person or in subacute cases, cause irritability of the bladder, palpitation and restlessness; but these symptoms are easily relieved by some effervescent draught, such as citrate or bromide potassium.

If the preparation of corn silk has not been successful in the hands of some physicians, they very likely used an inferior article, as I myself was disappointed in its action when I prepared a saturated tincture from the green corn silk, or was furnished by my druggist with some weak preparation.—A. CRULL, M.D., *Therapeutic Gazette.*

THE TREATMENT OF EPISTAXIS BY COUNTER-IRRITATION OVER THE HEPATIC REGION.—I was much pleased to observe in a letter from your Paris correspondent, dated April 27th, that at a recent meeting of the Academy of Medicine, M. Verneuil read a communication upon the treatment of certain forms of epistaxis by counter-irritation over the region of the liver. In the first case related by M. Verneuil, quinine, ergotine, and digitalis had all been tried in vain. In the second, plugging had failed. The third had

been the subject of chronic nephritis, with secondary affections of the heart and liver, and the cavity of the nose had been plugged without effect both with ergotine and the perchloride of iron. M. Verneuil's treatment, which was immediately and permanently effective consisted in the application over the region of the liver of a large blister. M. Verneuil had at first thought that the method was entirely his own, but from bibliographical research it turned out that it had been anticipated to a certain extent by Galen, who says that large cupping glasses applied to the hypochondriac region arrest nasal hemorrhage. To me it is very satisfactory to learn that a mode of treatment practiced by myself successfully for many years, and reported in The Lancet of October 30, 1886, with cases in illustration, has also been advocated by so eminent an authority in continental medicine, and as far as he was concerned, independently of any suggestion from another. I am quite sure that, in his case any more than my own, the dictum of Galen had nothing to do with its origination. It is of more importance that the remedy, which is undoubtedly of the utmost value, should be more generally adopted, especially when its application is urged not upon merely empirical grounds, but in accordance with accepted pathological teaching. That your correspondent did not appear to be aware of my previous announcement on the subject arose possibly from the fact that my publication did not take the form of a monograph with specific heading, but as a portion of a paper treating of congestion of the liver, and protesting against the impolitic interference of modern surgery with the sanitary efforts of Nature, when, through the medium of hemorrhage from the hemorrhoidal veins or the mucous lining of the nostrils, she endeavors to lessen the turgescence of an important viscus. In illustration of my views, I gave the particulars of a case of vicarious bleeding from the under lip, which arose immediately after the de-ligation of hemorrhoidal tumors with excessive bleeding, ultimately cured by blistering over the liver; of a second example in which dangerous and profuse hemorrhage from piles was immediately cured by a similar remedy; and then, in pursuance of my theme, appended the case of three young men suffering from epistaxis, who were instantly relieved by blistering over the hepatic region. A remarkable case, which occurred during the recent riots in Belfast will further illustrate the subject. While paying my morning visit to a straw lodge, a temporary barracks improvised for the members of the Royal Irish Constabulary, and accompanied by one of the officers, I found one of the men in bed with a handkerchief saturated with blood, which had flowed from his nose during the greater part of the previous night. On satisfying myself of the nature of the illness, I painted the man freely with the liquor epispasticus over the region of the liver, prescribing no other remedy but rest in bed. On our revisiting the man next day, he informed us that from the moment the blister began to pain him the hemorrhage declined, and left him altogether a short time after. To quote from my paper: "The frequent occurrence of epistaxis in youth is evidently due to the excitement and hyperæmic condition of the liver and digestive organs during the period of active growth and the constant demands upon its functional activity. The liver at this stage closely approximates to the condition in after-life, which is the casual factor in the development of piles, and as such is equally amenable to treatment in accordance with etiological principles; the derivative that cures the hemorrhoidal flux as certainly puts an end to the epistaxis, the outcome of hepatic congestion.—ALEX. HARKIN, *Lancet.*

THE TREATMENT OF DYSENTERY IN ITS EARLY STAGES.—Thirty years ago, when a first course student in attendance on the dispensary service at the Memphis Medical College, an aged Irish woman came under my care suffering with an attack of acute dysentery. I had never seen a case of dysentery in my life, but had heard of the bloody flux, and all of the old lady's symptoms gave evidence that she had it. I consulted an older and more experienced student as to what I should do in the premises, and he laid down a line of treatment which I followed faithfully, and in forty-eight hours my patient was well. Shortly afterward I struck another case, and without consulting my friend I adopted the same line of treatment, and a speedy recovery was the result. Case after case presented itself, receiving the same treatment, followed by the same prompt result. Thus you will readily see how it came about that I became a "routinist" in the treatment of dysentery.

In 1861, while acting as assistant surgeon of the Nineteenth Mississippi Regiment, encamped on the historic plains of Manasses, the disease became prevalent among the soldiers, and I continued my routine treatment with unvarying and prompt success, until, under a friendly pressure from my senior, I laid down for the time being my favorite weapon, and adopted the treatment suggested by him—"salts and laudanum." An experience of about a week satisfied me with the saline treatment, and I abandoned it in disgust, for, instead of curing my patient in from two to three days, I found that if I had him well in a week I was reducing the average, so I fell back into the old ruts, and have been there ever since; becoming more of a routinist than ever in the treatment of this painful disease. Luckily, dysentery is so painful that the doctor generally has early access to the patient, before ulceration

and thickening of the intestinal coats take place, and this is the favorable time to attack the disease and abort it.

This paper will not consider the disease except in its primary stages, for after it has lapsed into the second stage I know of no condition of affairs that will more surely demand all the resources of the practitioner's art, and make large draughts on all the patience that he possesses.

I consider sporadic dysentery as a local lesion caused by an interrupted or stagnant portal circulation.

The hemorrhoidal, mesenteric, gastric, and splenic veins are the main sources of supply to the portal vein, and in dysentery we have symptoms indicating trouble not only in the colon and rectum, but all the abdominal viscera, whose return blood enters the portal circulation. The stomach fails in its offices and gives evidence of distress, the small intestines fail to perform their functions, and the mucous membrane of the colon and rectum pours out mucus at first, showing a high degree of irritation, and as the tension of the vessels increase the capillaries rupture, and blood is effused. If the disease is not checked at this favorable point the capillaries become inflamed, and induration and ulceration take place. What should guide us in our treatment? Let common sense speak, and it will tell us first to relieve the pressure, and then give the irritable parts a rest. All successful treatment must be founded on these premises. There are two methods by which this may be accomplished. The salts and laudanum routinist will argue that he relieves the pressure of the overloaded and congested venous circulation of the intestinal tract by direct depletion, inasmuch as the saline produces such an exudation of serous fluid from the vessels as to relieve the tension, while the *vis medicatrix naturæ* removes the cause, and the patient gets well. That idea presents some reasons for adoption, and is generally successful, after a time, but is there not a more sensible plan? Suppose, instead of bailing out the overflowing or rather overdistended tributary vessels, we cut loose the dam in the main stream and let the sluggish current resume its rapid course? Is not that the more sensible plan?

In the treatment of this disease, then, we will try and remove the dam, the obstruction to a free circulation, and then give the diseased parts rest, while they are restored to a normal condition. This idea is at the base of the so-called ipecacuanha treatment, inasmuch as it is an acknowledged fact that ipecac in large doses acts as a cholagogue, but the administration of the drug is not in general use, for causes, I suppose, incidental to difficulties in the way of administration. I have never used it. But we have a better remedy than ipecac when we want to relieve portal congestion. When called to a case of dysentery in the early stage, try—

℞. Calomel . . . . gr. x.
Opium . . . . gr. iv.
Ipecac . . . . gr. j.

M. Sig.—Divide into four doses. One every three hours.

Twelve hours after the last dose, provided the medicine has not acted, give—

℞. Ol. ricini . . . . ℥j.
Tr. opii . . . . gtt. x.

M.

Or—

℞. Sal. Rochelle . . . ℥j.
Tr. opii . . . . gtt. x.

M.

As soon as the bowels have moved twice, either from the primary or secondary medication, place the patient on the following:—

℞. Pulv. opii,
Pulv. camphorea . . āā gr. x.

M. Sig.—Make ten pills or capsules One from two to ten hours apart, or sufficient to keep the patient entirely quiet and free from pain or abdominal uneasiness.

What is the result of this routine plan of treatment? First, the opium in the first course of medication relieves all sense of pain and uneasiness, while the mercury, supplemented by the ipecac, gets in its work on the portal circulation. In about twelve hours after the last dose the probabilities are that the patient will have one or two large bilious dejections, free from mucus, blood, or pain. If the medicine does not act, the oil or saline, guarded with opium, must be given, which in a few hours will bring about the same character of dejections, only that from the saline will be more watery. As soon as these bilious dejections appear, place the patient at once on the camphor and opium pill, and try and keep his bowels confined for forty-eight hours, which as a general thing is easily done, and at the end of that time the patient is well.

When, however, after this treatment has been given and the "flux" continues, it is pretty good evidence to my mind that the disease has passed into another stage, that of deep inflammation. In some cases decided fever accompanies the disease. If so put the patient under the influence of quinine. Is the practice uniformly successful? I have only two unsuccessful cases of sporadic dysentery charged to my account. The first was in 1865, just after the termination of the war; he suffered for eight days before he asked for medical assistance. The other occurred two years ago in the person of an estimable colored presiding elder. I saw him and another member of his family at the beginning of the attacks.

His daughter was well in forty-eight hours, while he died in a few days. His disease was intractable. It was during the progress of the Byhalia epidemic, and he lived near the infected district, and, I think, was in reality one of the epidemic cases.

This a good record for the plan of cutting away the dam and giving subsequenterest. If any of your readers who are saline routinists in the treatment of incipient dysentery should try my plan, it would give me much pleasure to learn the result of their experience.

Cholera morbus and acute diarrhœa being resultants of the same prime cause, yield as readily and promptly to the same line of treatment.—W. F. HYER, M.D., *Mississippi Valley Medical Monthly.*

THE CURE OF FISTULA IN ANO WITHOUT OPERATION.—While preparing the materials for a work on "Rectal Surgery" some interesting facts come to my knowledge. The general impression among physicians is that nothing will cure a fistula except a surgical operation; and, indeed, this is true with regard to many fistulas. But it is equally true that a large proportion of them are curable without any operation more serious than probing and injecting, and in such cases it is a duty to exhaust the milder measures before resorting to the severer. But it is necessary to make a proper selection of cases. Where the fistula leads to extensive pouches, or several complicated branches leading in different directions about the rectum, the non-operative methods are not likely to succeed in any moderate length of time. But where the fistula is simple and contains no large pouches, and leads pretty directly to an opening in the rectum, there is an excellent prospect of cure without any strictly operative procedures. The reason why a fistula does not cure itself is not altogether, as we have formerly supposed, the daily forcing through it of materials from the rectum. On the contrary, if the interior of the fistula be thoroughly antiseptized throughout its entire length and into every curve and corner, and maintained in that purified condition, the ulcerative tendency which prevents contraction and healing is arrested. Granulations spring up through the whole length of the passage, and close it in spite of any moderate tendency of the rectum to force mucus, gas, and feces into its channel.

Naturally enough, the itinerant quacks who are traversing every part of the Mississippi Valley—and, for the most part, are so unskilled that they do not dare undertake a cutting operation—have been among the first to discover the success of the non-operative methods, though they are too ignorant to understand the principle on which they accomplish their cures. For instance, a man named Brinkerhoff, in Ohio, sells to itinerants for a price varying from one to three hundred dollars, according to the gullibility of the purchaser, a little secret book of directions, constituting what is sometimes called the "Brinkerhoff System of Rectal Surgery." With this book of directions goes a little case containing about twelve dollars' worth of instruments, among which there is nothing by which an itinerant could possibly make an incision. He is too ignorant and cannot be trusted with edged tools; and, in fact, in his little book, Brinkerhoff says, in regard to fistula: "Never use the knife or ligatures." He directs the itinerant first to oil the interior of the rectum and the external integuments around. Next he is to inject the fistula thoroughly with an antiseptic mixture, and, taking a probe, churn the medicine thoroughly through every part of the fistula, and then, closing the external orifice with one finger, he is with the other finger to compress the external parts of the channel so as to compel the antiseptic to run thoroughly into the deeper parts. This accomplished he injects ten or fifteen drops of the following mixture:—

℞. Distilled extract witch hazel	ʒiij.
Liquor of the persulphate of iron	ʒj.
Carbolic acid	grs. ij.
Glycerine	ʒij.—M.

The itinerant is then to apply an antiseptic mixture to the internal orifice of the fistula, and to any ulcers in its vicinity. He is to repeat this treatment every two or four weeks depending not on the welfare of the patient, but upon whether the quack is working a two-weeks' or a four-weeks' circuit. Other irregulars take the following course: First, having explored the fistula well with a flexible probe, they wash out its channel with a solution of hydrogen peroxide. They then take equal parts of ninety-five per cent. carbolic acid and a ten per cent. solution of cocaine, and inject carefully but thoroughly ten to fifteen minims of the mixture into the fistula. The patient is then to lie down about two hours, when he receives into the fistula an injection of equal parts of ol. eucalypti and glycerine, with orders to keep quiet for two days more. These men have discovered that many fistulas can be cured by such antiseptic methods, although they generally do not understand the principle on which it is accomplished. Their ignorance of general science, however, need not deter us from observing the results of their experiments, and applying the principles involved in them for the benefit of our patients. Dr. Matthews, a regular physician of Louisville, has devised a treatment which may almost be called non-operative, and by which he claims to have cured about twenty cases. His plan is the following: He takes a long slender laminaria tent,

and, guiding it into the fistula as far as it will go, leaves it several hours to dilate the passage. He then takes Otis's urethrotome, and, insinuating it into the sinus, turns the screw and moderately dilates the channel, after which, by protruding the knife concealed in the tip of the instrument, he scarifies the interior. If necessary, he repeats the operation several times, thus making the passage straight and simple, giving it a free external opening, and by the irritation of the incisions arousing the growth of new granulations. If one wishes to try the completely non-operative plan, the best method of procedure is as follows: First, explore the interior and ascertain that it is simple enough to give the prospect of being able to make the injections reach all parts of it. Next, bear in mind that this fistula must have a free external opening, otherwise it will confine a quantity of septic pus in the interior, which both by mechanical distention and irritant qualities, will arrest all efforts at healing. It is therefore best in many cases to enlarge the external portion of the sinus with a bistoury or with a laminaria tent. This being accomplished, inject the whole interior of the fistula carefully with a good, vigorous article (for that sold in the shops is very variable) of hydrogen peroxide. It will be better to inject this through a small catheter inserted into the deepest parts of the channel, or else throw it in by a syringe whose beak is large enough to completely fill the fistulous opening, so that the pressure shall compel the fluid to find its way into the remotest parts. Throwing the solution in repeatedly, and giving it time between the pulsations of the syringe for the foam produced by the action of the medicine on the pus to boil freely out, we next leave the patient quietly on the lounge an hour or two. Then with a small syringe insert about ten minims of a solution of bichloride of mercury of the strength of one part to three thousand of water. Repeat this once in about three or five days, taking pains not to throw large quantities of irritating solutions through into the rectum. This procedure alone will cure a considerable proportion of cases. But, if greater thoroughness is required, some advantage will be gained by taking Allingham's rectal speculum, and, exposing the internal orifice of the fistula, touch the opening with a stick of nitrate of silver, where it enters the rectum, and place the patient in bed with a sheaf of three soft rubber catheters lying side by side in the rectum to give exit to the gases and mucus. The bowels should be previously emptied with a cathartic.

There has been a very general opinion in the profession that it is not expedient to cure a fistula where the patient is inclined to tuberculosis. Dr. E. E. Glover, of Terre Haute, Ind., has taken the pains to ascertain of a large number of surgeons, on both continents, their opinion on this subject, by which he discovers that there is apparently a very great change of opinion on this question. He finds that those who reply to the question as to whether they would operate in tuberculous cases, the following, who say yes: Allingham, Agnew, Andrews, Brinton, Brodie, Borck, Bonteson, Solis-Cohen, Cole, Francis Delafield, Eastman, Englemann, Gunn, Hamilton, E. F. Ingals, Lane, Linthicum, McGuire, Mathews, Moore, Owens, Prewitt, Peck, Reamy, Sayre, T. G. Richardson, of New Orleans, Roberts, of Philadelphia; Wight, Wilson, Varich, and Taylor.

My own opinion is that there is no objection to curing the fistula in such cases. On the contrary, it is beneficial to the patient to do so. But it is true that where it is done by incision the wounds do not always heal well, and if the patient has but a year or two to live on account of his tuberculosis, it seems scarcely worth while to submit to the annoyance of the operation. But this would be no reason why he might not be advantageously treated by gentle and non-operative methods, such as we have described.—E. ANDREWS, M.D., LL.D., *Chicago Med. Jour. and Examiner.*

CEREBRAL CIRCULATION IN THE INSANE.—The following observations made by the Pathological Society of the Indiana Hospital for the Insane, are presented for the purpose of drawing out the observations that may have been made by others in autopsies upon persons not insane.

The usual method pursued in our examinations was to remove the calvarium, after noting any external peculiarities that might exist, and then making a study of the condition of the dura; and, after its removal, of the vascular membranes. The brain was then generally removed with great care, particular attention being given to dividing the carotid and vertebral arteries. If the arteries have not been previously injected with a hard injection, one of the vertebrals is ligated and the cerebral vessels injected direct; but, at times, to test the integrity of the various vascular regions of the brain, injections have been made into the vessels having origin from the circle of Willis separately.

The class of persons examined was, without exception, chronic insane, some of whom were epileptic; and as we intend to confine this short paper to the circulation as there observed, I will state in brief that the general weight of the brain was above the average, bearing out the conclusions of Boyd (British Medical Journal, September, 1876, page 425) when he found, in an examination of two thousand and fifty brains, that the insane averaged higher than the sane—he giving the weights as follows: Sane males, 47.5; insane males, 48.2. Sane females, 41.9; insane females, 43.2.

There was the same general appearance of congestion of the vessels of the membranes that one finds in the various forms of death, either congestive type or anæmic forms.

The first unvarying condition that has attracted most attention has been in the irregular arrangement of the vessels at the base of the brain, which may have been congenital anomalies, or have become so through complete or partial obliteration from emboli or other cause. Most usual is the diminution of one of the vertebral arteries.

The second peculiar deviation from the normal standard has been the great variation in the number of branches given off from the basilar—the post cerebral, Sylvian, and cerebral arteries; this variation extending as much as twenty or thirty branches. In this specimen the Sylvian has sixty-four; in this but forty-four.

The third deviation is noted in the posterior communicating arteries, where frequently one is nearly obliterated, and the other normal or enlarged, and in two cases absent.

The fourth, and one that exists as an index of acute disease at some time, is the obliteration of arterial capillaries or obstruction of some of the larger branches. The specimens here exhibited will illustrate each point in the above statements.

The fifth observation has been that the jugular fossa is larger and deeper upon one side, and that the foramen lacerum posterius is either greatly contracted, or is extremely large upon one side.

And sixth, that an examination of the interior and exterior of cranii which I have collected of persons who have died insane, shows that there is an almost total obliteration of the various foramina, which admit the venous blood from without the cranium to the venous sinuses that collect the blood of the brain centres, and carry it away to the great jugular vein.

Finally, the choroid plexus was usually cystic.

The result of the whole number of observations show that in these insane persons there has been an unvarying irregularity of the blood supply to some portion of the brain; that too much has been sent to some part, not enough to others; and that venous blood that should be admitted was perforce stagnated upon the surface.

We are forced to the conclusion that in the study of cerebral pathology, too much attention has been given to the distribution of nerve-fibres or the arrangement of nerve-cells—too much study of cut micro-sections of cord or brain, and too little to the blood supply upon which the integrity and function of the cells and fibres depend. Elements of the cord and brain are not likely to become diseased from any cause within themselves; the mind is only deranged when the supply of blood in quantity or quality is changed.

The fact that the arterial supply is through terminal arteries, and that they form no anastomosis with each other, every branch acting independently and supplying its own section, centre or convolution, is enough to point to the cerebral physiologist that his only way to a true localization of function of the various parts of the brain will be by most careful study as a pathologist. Thus Charcot, Durant and Hubner made proud progress in a field neglected by Brown-Séquard, Ferrier and others.

The brain may be likened to a garden of rare plants, watered by irrigation. So long as the water supply is equally distributed, each variety having the quantity due its special nature, then does it flourish in its beauty and perfection; but if the ditch becomes obstructed, or is made too large for some plants and small for other varieties, a condition of drouth and death will prevail on one hand or a bog will be formed on the other —making plant monstrosities, or growing wild and strange vegetations.

It will be remembered that insanity is a disease of mature life, although the brain of an adult weighs no more than at twelve to sixteen years old. Is it not because the anchylosis of the cranial bones at the base is not complete until about twenty-one to thirty years of age—particularly the basi-occipital and basi-sphenoidal, which give form to the foramen lacerum posterius, through which pass the jugular vein and the meningeal branches of the pharyngeal and occipital arteries of the eighth pair of nerves? These bones do not become anchylosed until from twenty to thirty years of age—a period most common for development of the hereditary form of insanity.

There are many cases recorded in which twins become insane within a few days of each other; a case of this kind is now in our hospital. Could such coincidences likely arise from any other cause than at the same age the peculiarities of their osseous structure was completed, and the circulation alike changed.

Kasloff, of the University of Kiew, has noted that many cases of mania of suicides show a great contraction of the foramen lacerum posterior; and the few observations made at the Indiana Hospital for the Insane confirm it. One shows the further change of diminished carotids and all other cerebral arteries.

Professor Nape, of Bonn, noted many years ago the frequency of heart disease with insanity, and several hundred examinations here show that about seventy per cent. of our insane have marked disturbance of the heart and disease of the larger arteries. It is not unlikely that inflammatory disease affecting the endocardium, sending new formed matter to the brain through the carotid, finds lodgment in the terminal branches, causes death of the locality thus arteterialized, and consequent insanity.

Retarded venous circulation, producing pressure on the inter-cranial nerves, may likewise produce derangements of the mind, as it frequently does of the respiratory organs through pressure on respiratory centres.

There is no doubt that tubercle deposited upon the capillary expansion of the cerebral arteries causes insanity just as sunstroke does, by depriving the cortical substance and ganglionic centres of blood supply.

Syphilitic gummata and bone deposits act in the same way.

There have recently been published reports of ligation of the vertebral arteries for epilepsy, and the reports would indicate that it was a very successful treatment of that worst of all diseases; but I cannot think in the end the results would be better than that doubtful procedure of ligation of the internal carotids. Sir Astley Cooper found, both in man and lower animals, degeneration of the brain followed. And Norman Cheevers, in tabulating all cases of such ligation up to this time, remarks that "when recovery followed tying the primitive carotids, a considerable number became hemiplegic, and perished from diseases of the hemisphere of the brain."

I have but one more point to make regarding the arterial circulation, and that is, that the first branch given off from the middle cerebral, or Sylvian, is the anterior choroid, which forms within the lateral ventricle a most beautiful and curious plexus, in which plexus two-thirds of the cases show cystic formations from the size of the smallest bird-shot to a filbert. I am fully satisfied in my own mind, and think it can be demonstrated by the microscope upon any fresh specimen, that this plexus, so-called, is glandular in structure and function, and that its ducts open into the so-called pineal gland, and, like that body, contain a cervulus cerebri and corpora amylacea. I will state that this brain sand and starch granules cannot be demonstrated until the body is cold. How far the cysts may go to produce mental derangement can not be known until the practical pathologist has made many thousands of observations and careful records.

Finally, do not construe my remarks to mean that there is no insanity except from some derangement in the structure of the vessels of the brain.

There are many forms of emotional disease where the mind becomes affected without permanent change, and which might be called sympathetic or functional insanity; or, again, where the blood has conveyed toxic substances instead of nourishment to the brain centres, as in the temporary insanity of alcoholism, opium, etc., or uræmic or other blood poisons; but upon such cases we have had no opportunity to study in the dead-house and laboratory.

Our firm conviction is that the more thorough study of the venous and arterial circulation in disease of the brain will give to the prognosis and treatment of the insane a degree of certainty heretofore unknown.

So long as we cannot, by way of experimental test, ligate the arteries which supply different convolutions, lobules, and special areas of brain matter, and thereby note what new or what loss of function there is, we must take the next best method—that is, of having a thorough knowledge of the mental and physical peculiarities during the life of the insane person, and after death search out the abnormal vascular relation. This can only be done by injecting the vessels with some substance to distend them—(the brain will not hold more than one and a half to two ounces of the material). After the injection each artery should be followed from its origin to its termination; in this way the dead branches, so to speak, can be discovered.

I call attention to one point which I do not think has ever been noted in the medical literature of this subject, and that is, that in normal condition, the vascular membrane dips deeply into all the convolutions of the great longitudinal fissure, completely dividing the anterior cerebral lobes, down to the corpus callosum; but in ninety per cent. of chronic insane, this membrane is more or less destroyed, and the superior frontal and marginal convolutions of the right and left lobes are not only in contact, but are so fused together that they cannot be separated without destroying the convolutions.

The foregoing is a hasty sketch of our investigation in this special field of research.—W. B. FLETCHER, M.D., *Indiana Med. Journal.*

BOOK REVIEWS.

A Practical Treatise on Renal Diseases and Urinary Analysis. By WILLIAM HENRY PORTER, M.D., Professor of Clinical Medicine and Pathology in the New York Post-Graduate Medical School and Hospital; Curator to the Presbyterian Hospital. One volume, 360 pp., one hundred illustrations. New York: William Wood & Co.

An opinion proffered that is based upon the statistical results of over one thousand *post-mortem*, cases, must, under any circumstances, call for more than passing notice or comment. This, Dr. Porter assures us has been the nucleus upon which he has built this admirable treatise. He has in a most masterful manner delineated the various lesions of the kidneys, and, in addition to his own, has incorporated therein the views that are now generally accepted. The treatment he has adopted has been chiefly from a pathological and

clinical standpoint. The book is opened by admirable chapters on the renal anatomy and physiology, after which follows a description of the various renal lesions and their treatment, which is followed by a chapter on glycosuria. This constitutes Part I. Part II. is devoted to urinary analysis, and occupies fully one-third of the volume. The book is profusely and excellently illustrated, and is, without doubt, the best book on the subject from an American pen in late years.

Practical Urine Testing: A Guide to Office and Bedside Urine Analysis, for Physician and Student. By CHARLES GOODWIN JENNINGS, M.D., Professor of Chemistry and Diseases of Children, Detroit College of Medicine, etc. Duodecimo, pp. 124. Detroit: D. O. Haynes & Co., 1887.

The scope of this excellent little book can probably not be better tendered than in Dr. Jenning's own words. Part I., he says, "Is devoted to a brief consideration of the chemistry of the urine in health and disease, and concisely discusses the relative utility of various methods of testing for normal and pathological ingredients." Part II., "Presents a systematic scheme for urine analysis unencumbered by physiological or pathological data; a chapter on the microscopical examination, one on the analysis of calculi, and one on apparatus and reagents." This matter is placed before the student in so concise a manner, that one cannot help but liking the book. The inference is readily drawn, that herein lies but little room for original research, yet the subject matter is so ably treated and judiciously rendered that the book will, in all cases, be found a most valuable adjunct to the student for urinary researches.

Cyclopædia of Obstetrics and Gynæcology; Obstetric Operations; The Pathology of the Puerperium. Being volume IV. of a Practical Treatise on Obstetrics. By Dr. A. CHARPENTIER, Adjunct Professor at the Academy of Medicine, Paris. Translated under the supervision and with notes and additions by EGBERT H. GRANDIN, M.D., Obstetric Surgeon to the New York Maternity Hospital; Instructor in Gynecology at the New York Polyclinic, etc. In four volumes. One hundred and ninety-one wood engravings, and one colored plate. 8vo. pp. 404. New York: William Wood & Co., 1887.

We are sorry that the fourth and last volume of this book is in no essential different from the others. Its virtues are like theirs, while the detractions are synonymous with those of its predecessors. We must yet add a word to Dr. Grandin's work. While he in no manner tampered with the original work, he has interspersed his dissenting views, and those generally held by American obstetricians, and frequently has made most valuable additions to the text. Thus retaining the original, and in many instances the student has the opportunity of verifying either statement. This must serve to enhance the value of this already valuable work, and we hope it will meet with a success like to that which our French *confrères* have afforded it.

A Treatise on Diphtheria, Historically and Practically Considered; including Croup, Tracheotomy, and Intubation. By A. SANNÉ, Docteur en Medecine, Ancien des Hopitaux de Paris; Membre de la Societe Anatomique, des Societes de Medecine de Nancy, de Geneve, etc., Chevalier de la d'Honneur. Translated, annotated, and the Surgical Anatomy added; illustrated with a full-page lithograph, and many wood engravings. By HENRY Z. GILL, A.M., M.D., LL.D., late Professor of Operative and Clinical Surgery in the Medical Department of the University of Wooster, at Cleveland, O.; Member of the American Medical Association, etc. St. Louis, Mo: S. H. Chambers & Co., 1887.

Those specially interested in the study of diphtheria, will be greatly indebted to Dr. Gill for his translation of this excellent work. It is, as its title page would indicate, very comprehensive, and comprises six hundred and fifty-six pages.

The order of arrangement is rather peculiar, as, following the table of contents, we find: 1st, the list of authors referred to; 2d, the index; and 3d, some thirty-two pages by the translator on the "Surgical Anatomy of the Pretracheal Region, with special reference to Tracheotomy in Children." The latter article would seem to us in better place as an appendix. The latter part of the work is also marred by the consideration of the subjects of intubation, prophylaxis of diphtheria, etc., under the head of sequelæ of tracheotomy.

The author, very properly, we think, considers the diseases, diphtheria and croup, as due to the same poison, and consequently as one disease, differing only in the seat of origin and its virulence. The treatment is comprehensive, comprising much that has been claimed as original by later investigators. Early tracheotomy is urgently advised as the most certain means of diminishing the mortality.

Intubation is referred to by the translator, giving a description of O'Dwyer's instruments and the method of procedure. Although the statistics he quotes are nearly ten per cent. in favor of intubation over tracheotomy, he seems to regard intubation in its range of application as a substitute for tracheotomy, as still *Sub Judice*.

Considering the frequency and mortality of these diseases, this work is worthy a place in the library of every general practitioner.

COMMERCIAL NEWS.

Man and His Shoes.

How much a man is like his shoes!
For instance, both a soul may lose;
Both have been tanned; both are made tight
By cobblers; both get left and right.
Both need a mate to be complete;
And both are made to go on feet.
They both need healing; oft are sold,
And both in time will turn to mold.
With shoes the last is first: with men
The first shall be the last; and when
The shoes wear out they're mended new;
When men wear out they're men dead, too!
They both are trod upon, and both
Will tread on others, nothing loth.
Both have their ties, and both incline,
When polished, in the world to shine;
And both peg out. Now would you choose
To be a man or be his shoes?—*Boston Courier.*

Another Epitaph.

On the tomb of an *old maid* who died of a sore on her leg:—

"Here lies the body of Dorothy Peg,
Who never had issue except in her leg."

Eucalyptol.

We cannot too highly recommend to secure a copy of the pamphlet treating on the eminent medicinal properties of Sander & Son's Eucalypti Extract (Eucalyptol). The little book, supplied gratis on application to Dr. Sander, Dillon, Iowa, illustrates, in a succinct form, the splendid results obtained at the clinics of the Universities of Bonn and Greifswald, and shows beyond question that the genuine drug governs, in its effects, a very varied class of complaints. The details given are very instructive, and must prove of great advantage to every practitioner.

Emerson's Albumenoid Food for Children.

I have a child under my care recovering from cerebro-spinal fever. For the last three weeks it has been convalescent, but so weak that I feared death from exhaustion. Its stomach refused to retain the lightest food. I commenced the use of your "Albumenoid Food." The first teaspoonful was thrown off. I then ordered another to be given in a wineglassful of water with gtt. x paregoric. This was retained, as was all that was subsequently taken. Improvement wonderful. In a few days I expect to have my little patient on regular table diet. How your "food" acts I know not, nor do I care, but, without appearing too enthusiastic, let me repeat, it is a grand success. Have requested my two druggists to supply themselves with it. Meanwhile, if not too much trouble, I would like you to send me another sample, so I can have it on hand till they get it in stock. Respectfully,

R. Ransom Boyle, A.M., M.D.,
1432 North Second St., Phila.

To Emerson Manufacturing Co.,
No. 43 Park Place, New York City.

Staufer's Spring Stem Womb Supporter.

The entire series of hard rubber womb supporting and womb examining instruments, consisting of stem cups, stem balls, stem levers of numerous sizes and lengths of stem, sums upwards of 200. These instruments have been in use in every State in the Union for fifteen years. Their extensive use required the proprietor recently to start his own rubber works.

For a full descriptive catalogue, rules of exchanges, and guarantee, as well as the instruments. Address Dr. S. S. Staufer,
624 Franklin Street, Philadelphia, Pa.
Mention The Medical Bulletin.

A Pharmaceutical Triumph.

Dr. Samuel E. Woody, Professor of Chemistry and Public Hygiene and Lecturer on Diseases of Children, Kentucky School of Medicine, at Louisville, on April 8th, said:—

"Papine was used in a case of acute dysentery of unusual severity requiring unusually large doses of opium. The effects of Papine were so purely hypnotic and anodyne that a pound was ordered, and no other form of opium was used during the entire illness. Papine is a pharmaceutical triumph."

Colden's Liquid Beef Tonic.

Baltimore, January 22, 1875.

I have the pleasure to state that I have for some time past been in the habit of using "Colden's Liquid Beef Tonic" in my private practice, and have also tested its qualities in cases under my care at Mount Hope Retreat. I have found it an admirable nutritive tonic and stimulant, and in a great variety of cases accompanied by serious vital depression, and in tedious convalescence from want of appetite and inability to digest the more common articles of aliment, "Colden's Liquid Beef Tonic" will be found the very best preparation used, and I, therefore, confidently recommend it to the medical profession.

William H. Stokes, M.D.
Physician to Mount Hope Retreat, near Baltimore.